



BC Centre for Ability Opportunities Fund Program

Case Manager Rationale for Targeted Wage Subsidy

2805 Kingsway
Vancouver, BC V5R 5H9
Please contact your Community Coordinator for
fax number

CASE MANAGER NAME:	CLIENT NAME:
--------------------	--------------

BUSINESS NAME:	CONTACT PERSON:
----------------	-----------------

EMPLOYER ADDRESS:	POSTAL CODE:
-------------------	--------------

PHONE:	FAX:	EMAIL ADDRESS:
--------	------	----------------

NUMBERS OF YEARS IN BUSINESS:	TYPE OF BUSINESS:
-------------------------------	-------------------

START DATE:	WAGE:	HOURS/WEEK:
-------------	-------	-------------

DUTIES AND RESPONSIBILITIES, INCLUDING JOB TITLE:

SUMMARY: (HOW THIS POSITION IS A GOOD MATCH FOR THE CLIENT; INCLUDE DISABILITY-RELATED ACCOMMODATIONS, EDUCATION, RECENT TRAINING, LENGTH OF UNEMPLOYMENT AND RECENT EFFORTS TO FIND WORK. EMPLOYER REQUIRES A WAGE SUBSIDY TO PROVIDE INCENTIVE TO TAKE ON INCREASE SUPERVISION NEEDS, ACCOMMODATIONS).

DETAILS OF WAGE SUBSIDY REQUESTED:

TRAINING PLAN: PLEASE ATTACH THE EMPLOYER'S TRAINING PLAN AND INCLUDE AN OUTLINE OF THE SKILLS THE CLIENT WILL BE TAUGHT DURING THE SUBSIDY PERIOD

IF ACCOMMODATION EXPENSES ARE REQUIRED, PLEASE ATTACH ON AN ADDITIONAL PAGE

If additional space is required, please attach an additional page
Please complete the form electronically and either mail for fax to the BC Centre for Ability