

# Better Jobs Ontario (BJO)

## Employment Action Plan Summary & Rationale

Please complete the below Sections. The purpose of this form is to provide a summary of the Better Jobs Ontario Application and to complement the Better Jobs Ontario Checklist found on [www.eopg.ca](http://www.eopg.ca).

### Section A - Client Identification

**Client's First Name:**

**Client's Last Name:**

**EO CaMS Client Reference Number:**

**Application Type:**

Regular Stream, Laid-off and Unemployed Pathway

Regular Stream, Low-income Household with Challenges Attaching to the Labour

Market Pathway

Manufacturing Stream

Fast Track Stream

Feepayer

**Suitability Matrix Score**

Note: suitability score must also be submitted in CAMS

***If this plan is being submitted as an exception,***

- please identify the type:
- and include your rationale:

### Section B - Employment Action Plan (EAP)

#### Case Manager's Overview

- 1) Please include a summary of the client's employment and training background leading up to the Better Jobs Ontario referral:
- 2) Please outline any previous training activities in which the client has participated and their outcomes:
- 3) Please provide rationale for why Better Jobs Ontario is the most cost-effective path for the client to rapidly attach to employment:

## Education

Level	Complete?	Date (mm/yy)	School	Area of Study	Prov/Country
Elementary	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Secondary	<input type="checkbox"/> Yes <input type="checkbox"/> No				
College	<input type="checkbox"/> Yes <input type="checkbox"/> No				
University	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No				

### Additional education or certifications:

If the client has completed out-of-country education, were credentials assessed?

1) Has the client participated in a skills training program funded by the Ontario Government in the past 2 years?

Yes  No

If YES, please describe:

- i) Program/service description
- ii) Date completed
- iii) Outcome
- iv) Other pertinent details:

## Detailed Work History

1) Please provide details of the client's work history:

Job Title	NOC Code	Company	First Day	Last Day	Reason for Leaving

(if applicant’s work history does not fit in the table above, please provide separately)

2) Is the client presently working in a job other than interim employment? For BJO purposes, “interim” is defined as NOC TEER category 5 jobs which an individual takes while seeking better employment.

Yes No

If Yes, how many hours per week?

### Employment Barriers and Needs

- Lack of OSSD/GED, Literacy, ESL
- Lack of marketable skills for local market
- Lack of specific skills for desired goal
- Lack of Canadian work experience for goal
- Criminal convictions excluding client from employment

- Medical restrictions requiring career change or accommodations
- Lack of English language skills to work in an occupation they are qualified to work in
- Other, please specify:

**1) How will the client’s barriers be addressed?**

**Documents Verified by Case Manager (if applicable):**

- Medical Documentation regarding accommodation needs and/or confirmation of medical support of training program
- MTO Medical Report  MTO Written Test
- Drivers Abstract  Criminal Record Check
- Pay stubs from part time employment to verify average hours per week
- Other:

**Job Search Efforts**

1) Please provide details on client’s job search activities (i.e., is resume up to date, is job search appropriate for client’s skill set and local labour market, what kind of feedback have employers provided, etc.)

a) Indicate number of weeks of job search:

**Occupational Goal and Research**

- 1) Please identify the client’s occupational goal:**
- 2) Please identify the occupational goal’s NOC code:**
  - a) Based on Labour Market Information what are the prospects for this occupation in demand upon graduation? Note: “Average” or “Fair” prospects do not equal “Good”
  - b) Based on the clients Labour Market Information (LMI) is there reasonable chance of finding employment in the new occupation once they have graduated? Please explain.

**Supporting documents Verified by Case Manager (if applicable):**

- Adequate job ads provided for the area and for the jobs the client would qualify after training, OR
- Employer attestations that they are hiring (number based on geographic area), OR

Evidence of future job opportunities (local plant expansion, new employer coming to area, etc.),

Other:

## Financial Feasibility

**Service Provider staff have discussed financial feasibility and client believes this training request is financially feasible.**

1) Describe the financial feasibility discussion.

- a. If the client will be affected by the \$28,000 funding cap, what eligible funding are you recommending being reduced?
- b. How will the client manage their finances and any additional costs not covered by BJO?

2) If the client is receiving any other form of income support (i.e., Ontario Works, ODSP, etc.) has the client discussed the impact that participating in Better Jobs Ontario will have on their current income support?

Yes No N/A

**If NO**, please have the client contact their Caseworker to avoid delays in processing their application, please provide details:

3) Does the client have a financial trustee (e.g., through Ontario Works or ODSP)?

Yes No

4) As of the first date of training, will the client be in receipt of Employment Insurance (EI) benefits?

a. Yes No

b. **If YES**, please ensure that the claim is a Regular claim and not Special Benefits claim.

5) Has the client been in receipt of Employment Insurance (EI) Special Benefits (sickness, maternity, family & compassionate care) anytime within the past 12 months?

a. Yes No

b. **If YES**, please ensure that the Special Benefits claim has been converted to a Regular claim.

6) If the Family Responsibility Office (FRO) is involved per the application, has evidence been provided that demonstrates that client is not in arrears, and has the SP received validation from FRO that BJO funds will not be garnished?

a. Yes No

## Section C – Training Program Information

## Training Details of Selected School/Course

1) Is a work placement or practicum a component of the course? Yes No

**If YES:**

i) Is it mandatory to graduate? Yes No

ii) Start and End Date of work placement/practicum or number of weeks:

iii) Is the work placement/practicum paid? Yes No

iv) Have all required prerequisites for participation in the work placement/practicum been completed and verified (e.g., Vulnerable Sector check, Immunization record, First Aid/CPR certification, etc.)? Yes No

2) Rationale for choosing school:

3) Are there Alternate Start Dates? Yes No

**If YES,** please describe:

4) For Persons with Disabilities, has the client identified any needs and/or support, if applicable?

Yes No

**If YES,**

5) What accommodations are available through the school?

6) Please detail any accommodation request that is not covered by the school, and why?

7) Has a health care professional provided, in writing, their support for the disability needs being requested? Yes No

8) What is the estimated cost of supports?

## Validation of Documents: Select those documents that are attached:

Each application must contain an unconditional letter of acceptance for skills training, including:

- |   |   |
|---|---|
| <input type="checkbox"/> Training start and end dates       | <input type="checkbox"/> Method of training (i.e., online, hybrid, in-person) |
| <input type="checkbox"/> Tuition costs and payment schedule | <input type="checkbox"/> Costs of all training materials                      |
| <input type="checkbox"/> Any program pre-requisites         | <input type="checkbox"/> Any scheduled breaks in training                     |
| <input type="checkbox"/> Full-time versus part-time status  |   |

- Proof of requirement for mobile computing device, as well as three device quotes *(if applicable)*
- Printout of Ontario Career Colleges website *(if applicable)*
- Letter of acceptance for LBS training or ESL/FSL training (include training breaks) *(if applicable)*

**Section D – Better Jobs Ontario Recommendation**

Please provide rationale indicating if you support/ do not support this training request as outlined in the Better Jobs Ontario checklist:

- I support this training request.     I do not support this training request.

**Section E – Service Provider Contact Information & Signature**

**Case Manager’s Name:**

**Email:**

**Telephone Number:**

**Agency:**

**Case Manager’s Signature:**

X

Case Manager

**Date:**