



**APPLICANT INFORMATION**

First name:		Last name:	
Address:			Apt. #:
City:		Province:	Postal code:
Phone:		E-mail:	
How did you hear about MY Money Works?:			
Gender: Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/>		Age: under 18 <input type="checkbox"/> 18-35 <input type="checkbox"/> 36-50 <input type="checkbox"/> 50+ <input type="checkbox"/>	

**EDUCATIONAL/EMPLOYMENT INFORMATION**

Highest level of education completed:

Elementary School  Secondary School  College/University  Trade Certificate  Other: \_\_\_\_\_

Current employment/education situation (check all that apply):

Unemployed  Employed part-time  Employed full-time  Part-time education (including LINC/ESL)  Full-time education

**Service Provider Information**

Name of Service Provider:	Case Worker:
Phone Number:	Email:

**Send the completed application to:**

**Hayat Khefifi, Program Coordinator M.Y. Works**  
**In person:** 180 Argyle, 4<sup>th</sup> floor, Ottawa, Ontario K2P 1P7  
**Email:** [hkhefifi@ottawamission.com](mailto:hkhefifi@ottawamission.com)  
**Fax:** (613) 788-5051

**PRIVACY STATEMENT & SIGNATURE**

The Ottawa Mission and program funders are committed to respecting the personal privacy of individuals who provide information. The purpose of collecting the personal information requested in this form is to obtain your contact information and work-related data for statistical and program delivery improvement purposes. By signing this form on the space indicated below, you consent to the use of the personal information that you have provided for that purpose. Your personal information, as provided, will only be shared with the staff and partners of The Ottawa Mission, and will not be disclosed without your consent.

Signature	Date
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In partnership with:



YMCA-YWCA of the National Capital Region

