



Reducing Poverty Initiative Application

This program is **completely voluntary**, meaning an individual can withdraw at any time. The information collected below will be used to determine how the Reducing Poverty Initiative can best support you.

Full Name: _____ **Phone Number** _____

Address: _____ **Email Address:** _____

What was your last day worked? (dd/mm/yy) _____

How did you hear about the Reducing Poverty Initiative? _____

Please complete as many of the following questions as possible, as this will assist in the intake process.

1. Did you leave your job due to injury or illness? (This could include physical or mental health concerns.)

Yes No

2. Are you currently employed and believe you have a job to return to?

Yes No

3. Are you in receipt of insured benefits, including WorkSafe BC, ICBC, or Short- or Long-Term Disability coverage through your employer?

Yes No

Please note that you will be contacted within 2 business days upon receipt of your application.

Once you have completed this application form, please submit via:

Mail: Reducing Poverty Initiative
c/o NIDMAR
4755 Cherry Creek Road
Port Alberni, BC
V9Y 0A7

Email: reducingpoverty@nidmar.ca

Fax: 778-421-0823

**If you have any questions or require any assistance in completing this application, please call:
778-421-0821 extension 214.**