

EXEMPTION REQUEST – SINGLE PROGRAM FOR UNIQUE CLIENT

Client Name: _____ SIN: _____

Training Provider Name: _____

Training Provider Contact: _____ Phone: _____

Program Name: _____

Clients Current Status

(Attach transcripts, attendance, comment on any strengths the person presents or barriers encountered. Describe what the client has done to help himself/herself progress?)

Training Plan

(Most expeditious path to their employment goal, including description of proposed training program.)

Service Management

(Identify who will service this client, and describe how the client will be service managed including how Human Services is assured that client attendance is full time and that attendance is monitored by the training provider)

Recommended: Yes No *If recommended, what is the rationale?*

If not recommended, what options were offered to the client?

Name (Print)

Signature

Date

Reviewed by:

Supervisor/Manager

Date

Approved for exemption:

Yes No

Regional Director

Date