Northwest Territories

Income Security Programs

PRODUCTIVE CHOICE AGREEMENT

While you are receiving Income Assistance, you will participate in a productive choice activity. This is intended to help you build confidence and move toward an independent life with positive lifestyle choices.

APPLICANT INFORMATION (please print)

Last Name		First Name
Social Insurance Number / /	Date of Birth - YY/MM/DD / /	Case Number

PRODUCTIVE CHOICE

Productive Choice

Description

Hours Per Week/Month	From Date - YY/MM/DD / /	To Date - YY/MM/DD / /

DECLARATION

I agree to the above productive choice and terms.
I understand that if I do not follow through on this Productive Choice Agreement, I will not be eligible for income assistance.

x Applicant's Signature	Date - YY/MM/DD	x Client Services Officer Signature	Date - YY/MM/DD

CHANGES

Discuss changes with your Client Services Officer within 48 Hours.

Client provided with a copy ◯ Yes ◯ No Initial _____	Date - YY/MM/DD / /

All sections are mandatory - Place a dash or line through boxes that do not apply to you.

This information is being collected under the authority of the *Access to Information and Protection of Privacy (ATIPP) Act*, Section 41.(1)(g) and the *Northwest Territories (NT) Social Assistance Act and Regulations*. The privacy provisions of the *ATIPP Act* protect my information, and all applicants have the right to examine and request correction of his or her records and to request a review by the Information and Privacy Commissioner. If you have any questions about the collection of information, contact the Department of Education, Culture and Employment, Box 1320, Yellowknife, NT X1A 2L9 or call 1-866-973-7252 or 867-920-8921.