



# TRANSITIONAL SUPPORT APPLICATION

INCOME SUPPORT SERVICES

This form is intended for individuals who are no longer eligible for assistance due to employment earnings. If this form applies to you, speak with your social worker about the different types of transitional support that may be available to you.

If you are in need of social assistance, use the Monthly Application in place of this form.

| Applicant information   |                     |                |
|---|---------------------|----------------|
| First name  | Last name           | Contact number |
| First name of spouse  | Last name of spouse |                |
| Address   |                     |                |
| Place of employment   |                     |                |
| Have your needs changed since you developed your case plan with your social worker? If yes, explain.  |                     |                |
| Additional comments   |                     |                |
| Signatures  |                     |                |
| I/We understand that I/we:  |                     |                |
| <ul style="list-style-type: none"><li>• must apply for transitional support each month I/we require it;</li><li>• must assume these expenses myself/ourselves within six months;</li><li>• must remain in Yukon while receiving this support;</li><li>• must report any change in my/our circumstance to my/our social worker (e.g., employment status; significant changes in earnings; winnings; change of address, etc.);</li><li>• can apply for regular assistance at any time; and</li><li>• may be required to provide additional documentation in order to process my/our request for transitional support.</li></ul> |                     |                |
| _____<br>Signature of applicant   | _____<br>Date       |                |
| _____<br>Signature of spouse  | _____<br>Date       |                |

The information contained in this form is collected, used, and disclosed in accordance with Yukon's *Health Information Privacy and Management Act* and other applicable laws. A written statement of Health and Social Services information practices can be viewed at [www.hss.gov.yk.ca/healthprivacy.php](http://www.hss.gov.yk.ca/healthprivacy.php) or by contacting the department's Privacy Officer at [healthprivacy@gov.yk.ca](mailto:healthprivacy@gov.yk.ca).