

## *RM of Pipestone Health Care Aide Incentive Application Information*

<i>Name:</i>	
<i>Mailing Address:</i>	
<i>Phone #:</i>	
<i>Employment Start Date:</i>	
<i>Reston Health Centre EFT:</i>	

Complete the following:

- I have attached a confirmation of employment (letter of offer or confirmation of EFT from PMH indicating Reston Health Centre as my place of employment)
  
- I understand that if my EFT changes or I cease to work at Reston Health Centre, I must inform the RM of Pipestone immediately.
  
- I understand that that the grant is based on the regular EFT I am hired to work at Reston Health Centre.
  
- I give permission to the R.M. of Pipestone to contact my employer to verify my employment status at any time to ensure I continue to be eligible for the grant program.

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Signature

Office Use:

Grant Amount Approved: \_\_\_\_\_

Serial Number: \_\_\_\_\_