

**REQUEST FOR INFORMATION
SARS GRANT INITIATIVE**

TO THE EMPLOYER (or contact person if applicant is self-employed)

The Department of Human Resources Development Canada offers a grant under its Severe Acute Respiratory Syndrome (SARS) initiative. The objective of the SARS Grant Initiative is to provide income relief to eligible applicants whose usual place of employment is, or is located in, a recognized health care setting and who are not eligible for Employment Insurance benefits. The following questionnaire, once completed, will assist the Department in determining whether the applicant qualifies for a grant.

Please mail the completed form to the following address:

SGI Unit
HRDC Ontario Regional Office
4900 Yonge Street, Suite 200
Toronto, Ontario
M2N 6A8

***YOU MAY ALSO RETURN THIS FORM TO THE APPLICANT WHO WILL SUBMIT IT WITH THE OTHER DOCUMENTATION.**

****Completion of this form is voluntary; however, failure to complete this form may negatively affect the Applicant's entitlement to a grant.**

Name of Applicant to the SARS Grant Initiative: _____

Name and address of employer or business:

QUESTIONNAIRE:

1. Is the applicant's place of employment in a recognized health care setting (e.g. hospitals, medical offices, medical laboratories, emergency services such as paramedics). This would also include individuals in non-medical employment which is in a recognized health care setting (e.g., cleaning staff, cafeteria workers)?

If so which one? Please describe the nature of your organization's activities. If you are answering as the contact person for an applicant who is self-employed please name and describe the applicant's operations and indicate the health-care institution's name and address.

2. Please explain why the applicant was unable to work.

a) Was the applicant denied access to his/her place of employment due to the SARS outbreak?

Or

b) Did the applicant place himself/herself in voluntary isolation due to possible exposure to the SARS virus during the course of his/her employment in a recognized health care setting or was the applicant under quarantine due to possible exposure to SARS while in the course of employment a recognized health care setting

Or

c) Did the applicant contract SARS in the course of employment?

3. On which dates was the applicant unable to work in a recognized health care setting because he/she had either contracted SARS, was denied access to the place of employment or their business, or was under quarantine/in isolation due to possible exposure to SARS? Please indicate full- or part-time hours worked in a recognized health care setting as applicable.

4. Is the applicant entitled to paid sick leave or some other form of compensation arising out of employment for the period during which he/she was unable to work due to having contracted SARS or being under quarantine/in isolation due to possible exposure to SARS?

Please print name, job title, and telephone number

Personal information is administered in accordance with the *Human Resources Development Act* and the *Privacy Act*. Individuals have the right to the protection of, and access to, their personal information. Instructions for obtaining this information are outlined in the government publication, entitled *Info Source*, a copy of which is located at all Human Resources Centres. *Info Source* is also available at the following web site address, <http://infosource.gc.ca>.