



THE IDEAL WAY ASSOCIATION

Request for Assistance

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 www.theidealway.org

Are you ready for change?

Let's face it – we are creatures of habit, and most of us hate the word change. But sometimes, we come to a point in our lives when change is no longer an option... we have children who depend on us and who deserve a good life, and as we watch our bills piling up beyond control, we realize that something has to change. If we really want a better life, then we come to embrace the word change and actually make it our friend.

If you have come to that place where you are ready to do whatever it takes to bring positive change to your family, then the Ideal Way Association may be able to help you.

The Ideal Way Association empowers single-parent families to live free from poverty. That is our main focus.

We help families in a number of ways – sometimes we simply give families a hand, to help them out of a difficult situation they're facing while they're on that journey to change – but our strength lies in helping families over the long term, to make sure they can sustain the change they're working so hard to achieve.

If you receive help from the Ideal Way, whether on a short or long term basis, our process requires absolute transparency and regular follow-up. We are passionate about this mission and want to see that the help we provide results in positive change for your family.

So as you can see, we mean business! The Ideal Way is not a job-finding service or a résumé-writing service. We are about the complete overhaul, the new you.

If you require help with job finding or résumé writing, please contact your local Employment Centre or in Gatineau, Option Femmes Emploi.

Eligibility

Here are the basic eligibility requirements that you must meet in order to submit a request for assistance:

- You are a single-parent family. *
- You have at least one child in your care who is still a minor.
- You have previously been helped by an organization or social/health worker who can provide a reference.
- You are presently working, or are available and able to enter the workforce.

Privacy policy

Unless we receive written consent to that effect from you or unless required by law, the information you provide below will be kept confidential. Should we require input on your request from Wrap Canada, the organization that certifies our process for assisting families, we will keep your name confidential. Be advised that we do store our files electronically on third-party servers.

Consent

Yes

I have read and understood the mission and privacy policy of the Ideal Way, and I meet the eligibility criteria. I also agree that, if I am selected, I will be required to provide a proof of income and living expenses.



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CONTACT INFORMATION

First name		Last name	
Address		City	
Province	Postal code	Home phone	Work phone
Cell phone		Email	

PERSONAL INFORMATION

Date of birth	Marital status
Health (limitations, illness)	Schooling completed
Skills or profession	

If you suffer from any form of addiction, please explain:



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HOME SITUATION - Persons living in my home

NAME		NAME	
DATE OF BIRTH		DATE OF BIRTH	
RELATIONSHIP TO ME		RELATIONSHIP TO ME	
NOTE (as required)*		NOTE (as required)*	
NAME		NAME	
DATE OF BIRTH		DATE OF BIRTH	
RELATIONSHIP TO ME		RELATIONSHIP TO ME	
NOTE (as required)*		NOTE (as required)*	
NAME		NAME	
DATE OF BIRTH		DATE OF BIRTH	
RELATIONSHIP TO ME		RELATIONSHIP TO ME	
NOTE (as required)*		NOTE (as required)*	
NAME		NAME	
DATE OF BIRTH		DATE OF BIRTH	
RELATIONSHIP TO ME		RELATIONSHIP TO ME	
NOTE (as required)*		NOTE (as required)*	

* Please note anything about this person that has an impact on your current situation, for example: an ailing parent or sick child, etc.



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FINANCIAL SITUATION - Monthly Overview

INCOME	AMOUNT	DEBT	AMOUNT	EXPENSES	AMOUNT
Employment		Bank loans		Rent	
Employment Insurance premiums		Private loans		Car gas, maintenance, parking	
Social assistance		Credit cards		Public transportation	
Temporary disability		Back rent		Internet & television	
Long-term disability		Back taxes		Phone	
Federal and provincial income tax credits		Back child or spousal support		Cell phone	
Federal and provincial child tax credits		Car debt		Groceries	
Spousal support		Mortgage		Cigarettes	
Child support		Line of credit		Medical	
Residual income		Other debts		Home & auto insurance	
Help from relatives				Clothing	
Roommate, boarder				Grooming & personal care	
Other revenues				Leisure	
				Other expenses	
TOTAL		TOTAL		TOTAL	

Do you have a monthly budget that you follow?



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Why are you requesting assistance from the Ideal Way Association? Describe the situation you are facing, and how you hope we can help.

What are your immediate (urgent) needs?





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What are your secondary needs?

Describe the steps you have already taken to improve your situation.

If we were to place a team of two or more people around you for support, are there people in your life (family members, friends, members of a group or church you belong to) whom you would trust to invite in this team?

