

Supported Employment - Service Provider Person Details Form (Intake)

To be completed by Service Provider:

Service Provider Name: _____ Service Provider ETS-ICM Case #: _____

Participant Intake / Start Date: _____ Consent and Privacy Notice Signed: Yes No
(yyyy/mm/dd)

Client Identification

Social Insurance Number: _____ EIA #: _____

Name: _____
(last name) (first name) (middle name) (preferred name)

Date of Birth: _____ Gender Identity: Female Male Another Not Declared
(yyyy/mm/dd)

Preferred Language: English French Other Language of Service: English French Other

Referral Source :Who recommended that you contact this service provider? (ONE response only):

- | | |
|---|---|
| <input type="checkbox"/> Apprenticeship Manitoba | <input type="checkbox"/> Govt Asst Refugee/Labour & Immigration |
| <input type="checkbox"/> Centre for Aboriginal Human Resource Development (CAHRD) | <input type="checkbox"/> HRDS-Service Canada EI Insert |
| <input type="checkbox"/> Child and Family Services | <input type="checkbox"/> HRSDC-Service Canada Walk-In |
| <input type="checkbox"/> Children's disABILITIES Services | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Community Agency | <input type="checkbox"/> Job Links |
| <input type="checkbox"/> Community Living disABILITIES Services (CLDS) | <input type="checkbox"/> Manitoba Start |
| <input type="checkbox"/> EAS Service Provider | <input type="checkbox"/> Medical/Health Professional |
| <input type="checkbox"/> Employability Assistance for People with Disabilities (EAPD) | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Metis Organizations |
| <input type="checkbox"/> Employment Manitoba Poster | <input type="checkbox"/> Newspaper Ad |
| <input type="checkbox"/> Employment Partnership Service Provider | <input type="checkbox"/> Provincial Assistance |
| <input type="checkbox"/> Family/friend | <input type="checkbox"/> School/Transition Planning |
| <input type="checkbox"/> First Nation Organization | <input type="checkbox"/> Self |
| | <input type="checkbox"/> Training and Employment Services |
| | <input type="checkbox"/> Training Institution |

Primary Contact Information

Send mail to primary address

Alternate Contact Information

Send mail to alternate address

If your address requires additional information such as a c/o line, site compartment, lot concession, etc. Please enter in the box below.

Residential Address: Apt. # _____ Street Address: _____

Delivery Address: (e.g. Box or R.R.): _____

City/Town: _____ Postal Code: _____

Telephone Number: _____ Alternate Number: _____

E-Mail Address: _____

Demographic Information

Primary Source of Income (ONE response only):

- | | |
|---|--|
| <input type="checkbox"/> EIA | <input type="checkbox"/> Employment Insurance |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Insurance (WCB, MPI, Private) |
| <input type="checkbox"/> Family/Spouse | <input type="checkbox"/> Pension (CPP, CPP-Dis, Private) |
| <input type="checkbox"/> Personal funds | <input type="checkbox"/> Other: _____ |

Employment Status at Intake:

- | | | | |
|------------------------------------|--|--|---|
| <input type="checkbox"/> Employed | <input type="checkbox"/> Self-Employed | <input type="checkbox"/> Not Employed-Unemployed | <input type="checkbox"/> Not Employed-Not in the Labour Force |
| <input type="checkbox"/> Permanent | <input type="checkbox"/> Unemployed 3 months or less | <input type="checkbox"/> Unemployed 3 months or less | <input type="checkbox"/> Unemployed 3 months or less |
| <input type="checkbox"/> Temporary | <input type="checkbox"/> Unemployed 4 to 12 months | <input type="checkbox"/> Unemployed 4 to 12 months | <input type="checkbox"/> Unemployed 4 to 12 months |
| <input type="checkbox"/> Casual | <input type="checkbox"/> Unemployed 1 to 5 years | <input type="checkbox"/> Unemployed 1 to 5 years | <input type="checkbox"/> Unemployed 1 to 5 years |
| <input type="checkbox"/> Seasonal | <input type="checkbox"/> Unemployed 6 years or more | <input type="checkbox"/> Unemployed 6 years or more | <input type="checkbox"/> Unemployed 6 years or more |
| | <input type="checkbox"/> Never employed | <input type="checkbox"/> Never employed | <input type="checkbox"/> Never employed |

Hourly Wage : _____ Hours Per week: _____

Education: (Please specify if Modified High School Diploma)

_____ Year Education Completed: _____
Highest Level of Education Completed (mandatory)

Receiving Employment Insurance Benefits: Yes No Unknown Not Declared
Are you currently receiving EI benefits?

Receiving Income Assistance Benefits: Yes No Unknown Not Declared
Are you currently receiving Provincial (EIA) or Band income assistance benefits?

Income Assistance Source: Band Provincial Other Not Declared

Indigenous Status: Inuit Metis None Non-status Not Declared Status – Off Reserve
 Status – On Reserve

Marital Status: Single Married or equivalent Not Declared

Dependents: Yes No Not Declared If yes, Number of Dependents: _____

Primary Disability (ONE response only):

- Intellectual Physical Psychiatric Learning Deaf/Hard of Hearing Vision
 N/A - Barriers

Secondary Disability (ONE response only):

- Intellectual Physical Psychiatric Learning Deaf/Hard of Hearing Vision
 N/A - Barriers

Visible Minority: Yes No Not Declared

Immigrant/Refugee: Yes No Not Declared Landing Date: _____
Year only