

Service Provider Participant Intake Form



To be completed by Service Provider:

Project Information

File No: _____

Service Provider Name: Reaching E-Quality Employment Services Counsellor Name: _____

Project Name (Circle): EAS or Co-Op Service Provider ETS-ICM Case #: _____

Participant Start Date: _____ Projected End Date: _____
(yyyy/mm/dd) (yyyy/mm/dd)

Participant Identification

Social Insurance Number: _____

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

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

Preferred Language: English French ASL Language of Service: English French ASL

Who recommended that you contact this agency? (Referral Source):

- | | |
|---|--|
| <input type="checkbox"/> Apprenticeship Manitoba | <input type="checkbox"/> EI Insert |
| <input type="checkbox"/> Centre for Aboriginal Human Resource Development (CAHRD) | <input type="checkbox"/> EI walk-in or referral |
| <input type="checkbox"/> Community Agency | <input type="checkbox"/> Internet |
| <input type="checkbox"/> EAS Service Provider | <input type="checkbox"/> Métis Organization |
| <input type="checkbox"/> Training and Employment Services | <input type="checkbox"/> Newspaper Advertisement |
| <input type="checkbox"/> Training and Employment Services Poster | <input type="checkbox"/> Provincial Assistance |
| <input type="checkbox"/> Employment Partnership Service Provider | <input type="checkbox"/> Self |
| <input type="checkbox"/> First Nations Organization | <input type="checkbox"/> Training Institution |
| <input type="checkbox"/> Gov't Assisted Refugee/Labour & Immigration | <input type="checkbox"/> Market Abilities |
| <input type="checkbox"/> Family/Friend | <input type="checkbox"/> Employer |
| | <input type="checkbox"/> Other: |

Primary Contact Information

Send mail to primary 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: _____

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Emergency Contact Information



Send mail to alternate address

Emergency Contact Person's Name/ Relation: _____

Residential Address: Apt. # _____ Street Address: _____

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

City/Town: _____ Postal Code: _____

Telephone Number: _____

Do we have your permission to contact them in case of an emergency? Yes No

Demographic Information

Employment Status at Intake: Employed Not Employed – Unemployed Self-Employed

Wage / Salary / Commission: _____ Hours Per week: _____

Payment Frequency: Per Hour Per Day Per Week Biweekly Per Month Per Year

Education: _____ Year Education Completed: _____
Highest Level of Education Completed

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

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

Income Assistance Source: Band Not Declared Provincial Other

Income Assistance Status: Active Non Active Not Declared

Aboriginal Status: Inuit Métis Non-status None Status – Off Reserve
 Status – On Reserve Not Declared

Disabled: Yes No Not Declared

Visible Minority: Yes No Not Declared

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

Application Form to Access REES Services

Reaching E-Quality Employment Services (REES) is a membership based non-profit and charitable organization that promotes, facilitates and maintains the employment of persons with physical disabilities and/or health conditions by providing diversified, customized employment, training and consultation services.

Personal Information: PLEASE PRINT

Is the primary barrier to employment mental health? Yes No
(If **YES**, see front desk, if **NO**, continue filling out the application)

Have you used our services before? Yes No If **YES**, when? _____

Are you currently using services of another agency, community service or resource? Yes No

Please describe: _____

For how long? How often? _____

Disability and Accommodation:

What is the nature of your disability or medical condition? What are your physical limitations?
What is your ideal work situation? What must you avoid?

Special aids used:

Do you require wheelchair accessibility? Yes No

If **YES**, please describe _____

Transportation:

Do you have a valid driver's license? Yes No Class: _____

What is your means of reliable transportation to work?

Bus Car Handi-Transit Other: _____

Childcare:

Do you have reliable childcare? Yes No Not applicable

Criminal Record:

Do you have a criminal record? Yes No Not Applicable

Or any pending charges? Yes No Not Applicable

Do you have a Learning Disability? Yes No

If **YES**, please describe how it affects you:

Have you ever had or been diagnosed with a brain injury or a head injury (trauma)? Yes No

If **YES**, please describe how it affects you:

Have you ever had an accident that resulted in a loss of consciousness? Yes No

If **YES**, please describe:

Have you ever experienced a seizure? Yes No

If **YES**, please describe your management plan: _____

Do you have any allergies? Yes No

Are they life threatening? Yes No

Do you carry an Epi-Pen? Yes No

Have you ever experienced Anaphylaxis (severe allergic reaction)? Yes No

What type of Allergies do you have? (please list)

Income Status:

Date last employed: _____

Have you received Employment Insurance within the **past 3 years**? Yes No When: _____

Are you currently working? No Yes Rate per hour: _____ Hours per week: _____

How often: Full-time Part-time Term Casual Self-Employed

What is your source(s) of income? Check all that apply:

Employment and Income Assistance/Regular Benefits : Active Non-Active Pending

Employment and Income Assistance/Disability Benefits : Active Non-Active Pending

Canada Pension Plan Canada Pension Plan/Disability Benefits

Earnings Employment Insurance Workers Compensation Board

Private Insurance Spouse Self-Employed

Other/s, please list: _____

Education:

Are you interested in continuing your education? Yes No Maybe
 No Formal Education

Province or country where education was received: _____

Additional courses, certificates and/or training (please list):

Employment History:

How often do you miss work due to illness or personal reasons?

Ex: Once a month, twice a week, once a year, etc. Please describe.

List any hobbies and interests:

*** Complete this section only if you do not have a current resume available:**

List down most recent position first:

1. Position held: _____
 Duties: _____

Employer: _____

Start date: _____ End date: _____

Reason for leaving: _____

2. Position held: _____
 Duties: _____

Employer: _____

Start date: _____ End date: _____

Reason for leaving: _____

3. Position held: _____
 Duties: _____

Employer: _____

Start date: _____ End date: _____

Reason for leaving: _____

Volunteer Work History:

Please complete the following volunteer work history (most recent position first).

1. Position held: _____

Duties:

Organization:

Start date: _____ End date: _____

Reason for leaving: _____

2. Position held: _____

Duties:

Organization:

Start date: _____ End date: _____

Reason for leaving: _____

Employment Search Activity:

Are you using the services of another Employment Agency? Yes No

If **YES**, please specify: _____ How often? _____

Sources used while job searching (check all that apply):

- Want Ads Employer Directory Job Bank Yellow Pages
 Previous Employers Employment Agency Internet Cold Calls
 Employment Registry Tips from Acquaintances/Networking Other: _____

Methods used to contact potential employers (check all that apply):

- Drop Off Applications/Resumes Telephone Employers Other: _____
 Mail Resumes In-Person Contact with Employers
 Fax Resumes E-mail Resumes

Please list the types of jobs you would be interested in. If unsure, do you want to explore job options?

Yes No

What is your minimum salary or hourly wage expectation? \$ _____

Please List the 5 most important requirements you need at this time.

Start at 1 as your most important

Cover Letter Writing	_____	Interview Skills	_____	Resume writing	_____
Career Exploration	_____	Finding Job Leads	_____	Education and Training	_____
Improving Confidence	_____	Self-Presentation	_____	References	_____
Internet Job Search	_____				

How did you hear about REES?

- Counselor

 Friend/Family

 Internet/Website
 Newspaper/TV

 Other _____
 Another agency. If so, which one? _____

What type of Social Media do you use? (for statistical purposes only)

- Facebook
 Twitter
 LinkedIn
 Instagram
 WordPress
 YouTube
 Pinterest
 Tumblr
 Snapchat
 None
 Other platform? If so, which one? _____

May we send you our REES Newsletter? Yes No
 (sent twice a year)

Email Address: _____

I certify to the best of my knowledge that the above information is true and correct.

Print Name: _____

Signature: _____

Today's Date: _____

Reaching E-Quality Employment Services (REES) is committed to protecting your privacy. We will only use your name and address to inform you of REES' events and activities (e.g. newsletters, events, etc.) We do **not** sell, trade or barter our mailing lists. Please contact 204-832-7337 ext. 221 if you no longer wish to be contacted in any way.