



REFERRAL FORM

REFERRAL INFORMATION

APPLICANT IS BEING REFERRED TO: Employment Services

Referred By

Referring Agency

Email

Address

Postal Code

Phone No.

Fax. No.

GENERAL INFORMATION

Name of Applicant

First

Last

Type of residence:

Family

Independent Home/Apartment

Residential (Group)

Foster Home

Supervised Apartment

Address

Postal Code

Birthdate

mm

dd

yyyy

S.I.N.

Phone #

Cell #

Email

MB Health Registration #

Personal Health I.D. #

Social Allowance #

Valid Driver's Licence

Class

Vehicle Available for Employment

Clear Criminal Record Check

If answer above is no, please provide details

Visible Minority

Aboriginal Ancestry If yes, Status

Band Number

Has Off Reserve Residency been established?

SIGNIFICANT OTHERS:

1. Relationship

Address Phone #

2. Relationship

Address Phone #

COMMUNITY LIVING WORKER

MARKETABILITIES WORKER

OTHER (ex) WRHA/Mental Health/PSNP

Email

Address Phone

Postal Code Fax

Have you been through the Vulnerable Person Act Hearing Panel?

YES NO

(Go to Question 1)

1. If yes, please answer the following:

a) Substitute Decision Maker appointed?

b) Who was appointed as SDM? Name

Address Rj qpg

Relationship

c) In what areas is the SDM responsible?

Personal Property

d) When is the SDM appointment finished or up for renewal?

Do you have someone with Power of Attorney?

MEDICAL INFORMATION

Doctor

Phone

Medications used

Reason

Other Health Concerns (e.g., Heart, Diabetes, Asthma, Bulimia, Anorexia, Seizures etc.)

Allergies

DIAGNOSES AND DETAILS

Intellectual Disability

Learning Disability

Mental Health Issue

Other - (please specify)

MODE OF TRANSPORTATION:

Bus

Handi-Transit

Other (please specify)

PERSONAL INFORMATION

Family History

Education History

Last Grade Level:

Program:

Last School Attended:

Graduating Year

Other Certificates or Training (ex) Forklift, First Aid etc.

School Work Experience

Employment History

Previously employed

If yes, number of jobs in the past 5 years?

How many years since last job?

Currently employed

If yes, type of employment

Full time Part time Self Employed Seasonal Casual

Hourly wage Average monthly earnings

Do you have a resume?

If yes, please attach copy of resume

If no, please list work history (last three jobs)

Are you currently receiving Employment Insurance benefits?

Other Agency Involvement

Social Activities/Interests

Additional Information

Summary and Recommendations

DATE:	SIGNATURE:	(Referring Person)
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