SERVICE PROVIDER PARTICIPANT INTAKE FORM

Date (YYYY/MM/DD): _____

Project Information

Service Provider Name: _____

Project Name: _____ Service Provider Case #: _____

Participant Start Date (YYYY/MM/DD): _____

Projected End Date (YYYY/MM/DD): _____

Participant Information

Have you reviewed the Privacy Notice and Consent Form? ☐ Yes ☐ No

Social Insurance Number: _____

Name: _____
(Last name, first name, middle name, preferred name)

Date of Birth (YYYY/MM/DD): _____

Gender Identity: ☐ Female ☐ Male ☐ Another ☐ Not Declared

Preferred Language: ☐ English ☐ French ☐ Other

Language of Service: ☐ English ☐ French

Referral Source

Who recommended that you contact TES?

- ☐ Apprenticeship Branch
- ☐ Centre for Aboriginal Human Resource Development (CAHRD)
- ☐ Child and Family Services
- ☐ Community Agency
- ☐ Community Mental Health
- ☐ Designated Agency
- ☐ EAS Service Provider
- ☐ Employability Assistance for People with Disabilities
- ☐ Employer
- ☐ Employment Partnerships Service Provider
- ☐ Family/friend
- ☐ First Nations Organization
- ☐ Government of Manitoba
- ☐ Govt Asst Refugee/Labour & Immigration
- ☐ HRDC-Service Canada EI Insert
- ☐ HRSDC-Service Canada Walk-In
- ☐ Internet
- ☐ Manitoba Justice
- ☐ Manitoba Possible
- ☐ Manitoba Start
- ☐ Medical/Doctor/Health Professional
- ☐ Mental Health Organization
- ☐ Métis Organization
- ☐ Newspaper Advertisement
- ☐ Provincial Assistance
- ☐ School/Transitional Planning
- ☐ Self
- ☐ Spinal Cord Injury Manitoba
- ☐ Training Institution
- ☐ Training and Employment Services
- ☐ Vision Loss Rehabilitation Canada

Primary Contact Information
☐ Send mail to primary address

If your address requires additional information such as c/o line, site compartment, lot concession, etc., please enter below:

_____

Residential Address: Apt. # _____ Street Address: _____

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

City/Town: _____ Postal Code: _____

Telephone Number (xxx-xxx-xxxx): _____

Alternate Number (xxx-xxx-xxxx): _____

E-mail Address: _____

Alternate Contact Information
☐ Send mail to alternate address

If your address requires additional information such as c/o line, site compartment, lot concession, etc., please enter below:

_____

Residential Address: Apt. # _____ Street Address: _____

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

City/Town: _____ Postal Code: _____

Telephone Number (xxx-xxx-xxxx): _____

Alternate Number (xxx-xxx-xxxx): _____

E-mail Address: _____

Demographic Information
Employment Status at Intake: ☐ Employed ☐ Unemployed ☐ Self-employed

If employed or self-employed: Wage/Salary/Commission: _____

Hours per week: _____

Payment Frequency:

- ☐ Hourly
- ☐ Daily
- ☐ Weekly
- ☐ Biweekly
- ☐ Monthly
- ☐ Annually

Highest Level of Education Completed: _____ Year Completed: _____

Are you currently receiving Employment Insurance (EI) benefits?

☐ Yes ☐ No ☐ Unknown ☐ Not Declared

Are you currently receiving Provincial (EIA) or Band income assistance benefits?

☐ Yes ☐ No ☐ Unknown ☐ Not Declared

Income assistance source: ☐ Band ☐ Provincial ☐ Other ☐ Not Declared

Income assistance status: ☐ Active ☐ Non-active ☐ Not Declared

Indigenous Status: ☐ Not Declared ☐ Inuit ☐ Métis ☐ Non-status ☐ None

☐ Status – Off Reserve ☐ Status – On Reserve

Marital Status: ☐ Single ☐ Married or equivalent ☐ Not Declared

Dependents: ☐ Yes ☐ No ☐ Not Declared

Individual(s) who live in the same household as me and for whom I have caregiving responsibilities. The dependent is a child(ren) (by birth, marriage, adoption or be a foster child) or an adult(s) dependent (e.g. an adult offspring with a disability).

If yes, number of dependents: _____

Disability: ☐ Yes ☐ No ☐ Not Declared

I have a long term or recurring impairment and consider myself to be disadvantaged in employment by reason of that impairment, or believe that an employer or potential employer is likely to consider me to be disadvantaged in employment by reason of that impairment.

Visible Minority: ☐ Yes ☐ No ☐ Not Declared

Other than an Indigenous person, because of race or colour, I am considered a visible minority.

Immigrant/Refugee: ☐ Yes ☐ No ☐ Not Declared

Immigrant – I am a person who has settled permanently in Canada from another country. An immigrant includes those who have obtained a Canadian passport, who have been granted Citizenship, or who have obtained Permanent Resident status. Refugee – I am a person who was forced to flee from another country and settled in Canada.

If yes, year of landing: _____

For Service Provider Use Only

Date Received (YYYY/MM/DD): _____ SIN: _____

DOB (YYYY/MM/DD): _____