O.F.I.F.C.

APATISIWIN

INTAKE FORM

Client Participant Information:

Name (last):	Name (first):	Middle Initial:	Social Insurance #:

Contact Information:

Address:		
City/Town:	Province:	Postal Code:
Phone # (home):	Phone # (cell):	e-mail address:

Client Characteristics:

Date of Birth: _____/_____/_____ 　dd　　mm　　yy	Gender: ☐ female　☐ male	Are you: ☐ Status ☐ Non-status ☐ Metis ☐ Inuit ☐ Other _____ 　　　　　(specify)
Language Spoken: ☐ English ☐ Native _____ 　　　　(specify) ☐ French ☐ Other _____ 　　　　(specify)	First Nation Affiliation:	Band Number:

Family Status:	Driver's License:
☐ Single ☐ Married/Common Law ☐ # of dependants _____	☐ Yes ☐ No Class: _____

Program Eligibility:

Are you presently:	☐ Employed ☐ Unemployed
On an active EI claim?	☐ Yes ☐ No
Have you been paid EI Benefits in the last 3 years?	☐ Yes ☐ No
Did you start a maternity/parental claim in the last 5 years?	☐ Yes ☐ No
Check one or more if on Active Claim: EI Part I ☐ EI Part II ☐ CRF ☐ Youth ☐ Benefit Rate: _____ Last week of entitlement: _____	

Education and Training:

Check highest level attained:	License or Trade Certificate: (specify)	Other Training/Skills: (specify)
☐ Elementary – Year attained:_____ ☐ Secondary – Year attained: _____ ☐ College – Year attained: _____ ☐University – Year attained: _____ Degree or Diploma Obtained: _____ _____ _____		

Work History:

1. Current/Last Job

Job Title:	Address:
Employer Name:	
	Reason for leaving:
Employed from (date):	
To (date):	

2. First Previous:

Job Title:	Address:
Employer Name:	
	Reason for leaving:
Employed from (date):	
To (date):	

Type of Employment Sought/Career Goal:

Type of Assistance Requested:

☐ EI funded intervention	☐ employment counselling
☐ CRF funded intervention	☐ referral
☐ Youth funded intervention	☐ other _____
	(specify)

Certification and Release of Information:

I certify that the information given above is true, correct and complete in every aspect and I understand it may be subject to verification.

I hereby authorize Apatisiwin to exchange informational with HRSDC and other funding resources in relation to my eligibility for programs and/or for income support and allowances.

Participant's Signature: _____ Date: _____

Employment Counsellor/Community Career Developer's Comments:

Name of person conducting Intake: _____

Follow-up Required: