



COMMUNITY EMPLOYMENT REFERRAL FORM

Please return to: LakeCity Employment Services
386 Windmill Road
Dartmouth, NS B3A 1J5
Tel: 465-5000 Fax: 465-5009

NAME: _____
(Last) (First)

STREET ADDRESS: _____ APT.#: _____

CITY: _____ POSTAL CODE: _____ PHONE: _____

SIN: _____ - _____ - _____ BIRTHDATE: _____
(If SIN is not included, here it will be required during first meeting) (Day/month/year)

Health Card Number: _____ Gender: M F _____

Income source:

- Employment Support and Income Assistance
- Employment Insurance
- Other
- Services for Persons with Disabilities
- Canada Pension Plan-Disability

If other, please explain: _____

Caseworker (if applicable): _____

Education: _____
(Highest level successfully completed and the year)

What service(s) would benefit you in obtaining work? _____

Personal Strengths: _____

Type of mental illness you are living with: _____

Please describe how your mental illness has impacted your ability to work.

What restrictions do you have that may affect participation in our employment services?

Examples:

Seizures, heart condition, back problem, ongoing symptoms of mental illness.

Psychiatrist: _____ Tel: _____

Family Doctor: _____ Tel: _____

Therapeutic Support: _____ Tel: _____

Other: _____ Tel: _____

Certain work experiences require a criminal record check so it is helpful for us to know if you have one. Do you have a criminal record? Yes No

Please attach any other information that you consider would be helpful (such as a resume or vocational assessment).

Signature: _____ Date: _____

If this referral is being completed for you, please sign this Release of Information section:

I agree to be referred to the services being offered by LakeCity Employment Services Association and agree that the agency making the referral can release information from my file that is relevant to my employability to LakeCity Employment Services Association.

Signature: _____ Date: _____

Referring Agency: _____

Referring Agent: _____