

COMMUNITY EMPLOYMENT REFERRAL FORM



Please return to:

TREES Project c/o CMHA, Lynn MacDonald
557 Prince St., P.O. Box 1413
Truro, NS B2N 5V2
Tel: 890-2710 Fax: 895-4027

NAME: _____
(Last) (First) (Initial)

STREET: _____ APT. NUMBER: _____

CITY: _____ POSTAL CODE: _____ PHONE: _____

SIN: _____ - _____ - _____ BIRTHDATE: _____
(dd/mm/yy)

HEALTH CARD NUMBER: _____ GENDER: M F

INCOME:

Employment Support and Income Assistance Community Supports for Adults
Employment Insurance Canada Pension Plan-Disability

Other: _____

Caseworker: _____ Office #: (902) _____

EDUCATION: _____
(Highest Level Successfully Completed)

PERSONAL DESCRIPTION: _____

SHORT TERM GOALS: _____

PERSONAL STRENGTHS IN RELATION TO THE GOAL: _____

Please complete side two of this form.

PSYCHIATRIC DIAGNOSIS: _____

Ongoing symptoms: _____

Please describe how mental illness has impacted past work history and how it affects the present.

Are there any restrictions that may affect participation in employment? Examples: seizures, heart condition, back problem, etc. If yes, please describe.

Psychiatrist: _____ Tel: _____

Family Doctor: _____ Tel: _____

Therapeutic Support: _____ Tel: _____

Other: _____ Tel: _____

CERTAIN WORK EXPERIENCES REQUIRE A CRIMINAL RECORDS CHECK.
WOULD THIS BE ACCEPTABLE? YES NO

PLEASE ATTACH ANY ADDITIONAL LIFE/WORK INFORMATION WHICH WOULD BE HELPFUL (such as a resume, assessments, personal observations, etc.).

Signature: _____ Date: _____

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

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

Signature: _____ Date: _____

Referring Agency: _____

Referring Agent: _____