**INTAKE FORM**

|  |
| --- |
| CLIENT Information |
| Last Name |  | First |  | M.I. | Date |  |
| Street Address |  | Apartment/Unit # |  |
| City |  | Province |  | Postal Code |  |
| Phone Number |  | Alternate Number |  |
| Email Address |  | SIN # |  | Gender | M [ ]  F [ ]  |
| Emergency Contact Name |  | Emergency Phone Number |  |
| Country of Origin: | First Language: | Other Languages: |
| Citizenship Status | Family Status: [ ]  Common law [ ]  Married [ ]  Single  |
| Date arrived in Canada: | Are you planning a move: |
| Dependents (age, gender, financially supporting?) | Are you planning to move outside Toronto area? |
| EDUCATION |
| Highest Level of Education attained outside of Canada(if applicable) |
| Highest Level Attained in Canada? |
| Where Educated (country)? |
|  |
| THIS SECTION FOR nlcs sTAFF USE ONLY |
|  |
| Date: |  | Assigned to: |  |
| Funder: |  |
| Service: |  |

# Intake demographics

**New Comer to Canada:**

|  |  |
| --- | --- |
| [ ]  | No Canadian Born |
| [ ]  | Yes less than 6 months | [ ]  | Yes less that 1 year but more than 6 months |
| [ ]  | Yes Less than 2 years but more than 1 year | [ ]  | Yes less than 3 years but more than 2 years |
| [ ]  | No more than 3 years in Canada |

**Level of English:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Speak** | [ ]  | Excellent | [ ]  | Good | [ ]  | Fair | [ ]  | Poor |
| **Read**  | [ ]  | Excellent | [ ]  | Good | [ ]  | Fair | [ ]  | Poor |
| **Write**  | [ ]  | Excellent | [ ]  | Good | [ ]  | Fair | [ ]  | Poor |

**Non Canadian Work Experience:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | Less than 1 year | [ ]  | 1 year | [ ]  | 2 years |
| [ ]  | 3 to 5 years | [ ]  | 6 to 10 years | [ ]  | 11+ years |
| [ ]  | Not Disclosed | [ ]  | Does not apply |

**Canadian Work Experience:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | Less than 1 year | [ ]  | 1 year | [ ]  | 2 years |
| [ ]  | 3 to 5 years | [ ]  | 6 to 10 years | [ ]  | 11+ years |
| [ ]  | Not Disclosed | [ ]  | Other |

**Primary Source of Income (one only):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | Employed | [ ]  | CPP/Pension/RIFF | [ ]  | Severance  |
| [ ]  | Savings | [ ]  | Training Allowance | [ ]  | Shelter Allowance |
| [ ]  | WSIB | [ ]  | ODSP | [ ]  | Parents/Guardian/Family |
| [ ]  | EI | [ ]  | Ontario Work | [ ]  | Spouse/Partner |
| [ ]  | Student Loan | [ ]  | Long term disability | [ ]  | Other |

**Barrier (check all that apply):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | Poor Employment History | [ ]  | Learning Disability | [ ]  | No/Limited Canadian Experience |
| [ ]  | Mental Health Disability | [ ]  | Language Barrier | [ ]  | Developmental/Intellectual Disability |
| [ ]  | Age Barrier(50+) | [ ]  | Physical Disability | [ ]  | Personal/Family Issues |
| [ ]  | Addiction Issues | [ ]  | Medical Barrier(ex Bad Back) | [ ]  | Conflict with Law |
| [ ]  | Learning Disability | [ ]  | No Significant Barrier | [ ]  |  |

**How did you hear about No Limits Consulting Services?**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Community Agency | [ ]  | Legal |
| [ ]  | Helping Professional(Doctor, Psychologist) | [ ]  | Promotional Materials |
| [ ]  | Government(Municipal, Provincial) | [ ]  | Website |
| [ ]  | Word of Mouth | [ ]  | Other |

**EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Junior/High School | What grade last completed? | If not graduated, why not? | Your Diploma Received |
|  |  |  |  |

**Post Secondary (any continuing education, University, College, Apprenticeships, Workshops, Licensing, and Trade.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of school/course | Completed? | If not, Why? Last Grade? | Length of Program | Graduating Year |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Comments/ Difficulties? |
| Professional Memberships/Associations: |
| Did you complete a co-op placement? [ ]  YES [ ]  NO If YES please provide details below: |
| Have you taken ELS Classes? [ ]  YES [ ]  NO , if YES please provide details below: |

|  |
| --- |
| Have you been involved with any other training classes or programs? Other Certifications? |
| What Computer skills do you have? |

**EMPLOYMENT**

**Attached Resume** [ ]  YES [ ]  NO

|  |  |
| --- | --- |
| Company Name: | Job Title: |
| From/To: | Salary: |
| Job Responsibilities/ Description: |
| Why did you leave? |

|  |  |
| --- | --- |
| Company Name: | Job Title: |
| From/To: | Salary: |
| Job Responsibilities/ Description: |
| Why did you leave? |

|  |  |
| --- | --- |
| Company Name: | Job Title: |
| From/To: | Salary: |
| Job Responsibilities/ Description: |
| Why did you leave? |

|  |  |
| --- | --- |
| Company Name: | Job Title: |
| From/To: | Salary: |
| Job Responsibilities/ Description: |
| Why did you leave? |

**EMPLOYMENT**

|  |  |
| --- | --- |
| Company Name: | Job Title: |
| From/To: | Salary: |
| Job Responsibilities/ Description: |
| Why did you leave? |

|  |  |
| --- | --- |
| Company Name: | Job Title: |
| From/To: | Salary: |
| Job Responsibilities/ Description: |
| Why did you leave? |

**VOLUNTEER WORK:**

|  |  |
| --- | --- |
| Organization Name: | Job Title: |
| From/To: |
| Duties: |
| Organization Name: | Job Title: |
| From/To: |
| Duties: |

**REFERENCES:**

|  |
| --- |
| **1.** |
| **2.** |
| **3.** |

**SPECIAL INTERESTS, HOBBIES AND SKILLS:**

|  |
| --- |
|  |

**List your current entry-level job preferences based upon your current education and related work experience:**

|  |
| --- |
| 1. |
| 2. |
| 3. |
| 4. |

**HEALTH**

|  |
| --- |
| What are your disability needs: |
| Do you have any physical limitations, please specify: |
| If you have been diagnosed with a mental health disorder, please specify: |
| Addictions, please specify: |
| Hospitalizations? (please provide dates and reasons for hospitalizations) |
| Give a complete listing of the medications you are taking currently | For what treatment? | Since when? |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Do you experience any side effects from medications?** |

**Reported Physical Restrictions:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | Standing | [ ]  | Walking | [ ]  | Bending | [ ]  | Sitting |
| [ ]  | Lifting | [ ]  | Kneeling | [ ]  | Environmental | [ ]  | Other |

**What other Restrictions do you have, to have employment (please explain)**

|  |
| --- |
| Taking Public Transit: |
| Child Care/ dependents: |
| Hours of Work: |
| Days of Work: |
| Other: |

**Please list any previous or ongoing testing, personal/family counseling, medical or psychiatric services:**

|  |  |  |
| --- | --- | --- |
| **Name of Doctor/Social Worker/RN** | **Organization/Telephone Number** | **Dates** |
|  |  |  |
|  |  |  |
|  |  |  |

**What is your funding source (how are you getting by month to month)?**

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| Which is your dominant hand? | [ ]  R | [ ]  L |
| Do you wear glasses? | [ ]  YES | [ ]  NO |
| Do you require special equipment for disability?If yes please explain: | [ ]  YES | [ ]  NO |
| Do you have a driver’s license? | [ ]  YES | [ ]  NO |
| Do you have access to a car? | [ ]  YES | [ ]  NO |
| Have you been charged with a crime? | [ ]  YES | [ ]  NO |

|  |
| --- |
| Any other additional information that you would like No Limits Consulting Services to be aware of: |

**CLIENT SIGNATURE: DATE**: