**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**: