



Supported Training & Rehabilitation In Diverse Environments

**Additional Client Information**

**Client Name:** \_\_\_\_\_

**Primary source of income?**

Employment	Ontario Works	ODSP
Employment Insurance	Long/short term Disability Assistance	No Source of Income
Pension (CPP)	Family	Other:

**Currently involved with a psychiatrist?** YES NO

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**What other workers/agencies are you involved with?**

**Diagnostic Categories:** (select all that apply)

Anxiety Disorder	Mood Disorder/Bipolar
Depression	Personality Disorder
Schizophrenia or other Psychotic Disorder	Substance Use/Addiction
Other (Specify):	

**Any history of harming self/others or damaging property?** YES NO

If yes, please explain:

**Current Legal Involvement:** YES NO Probation: YES NO

If yes, please list all charges and/or conditions of probation:

**Currently enrolled in school?** YES NO Name of Institution: \_\_\_\_\_

**Highest level of education completed?** \_\_\_\_\_

**Currently employed?** YES NO **At risk of losing employment?** YES NO

**Additional Information:** Add any additional comments or information that will assist in facilitating employment program services.

**Which program is the client interest in?** South Halton = Oakville, Burlington / North Halton = Acton, Milton, Georgetown

<b>Employment Connections Program</b> (Clients who are ready to work/return to work and are over 24)	South Halton	North Halton
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<b>Youth Employment Program</b> (Clients who are ready for employment and are between 16-24 years)	South Halton	North Halton
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<b>Employment Peer Mentor Program</b> (Peers provide social and emotional support for clients who are looking or have employment)	South Halton	North Halton
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Completed by: \_\_\_\_\_ Date: \_\_\_\_\_