

APPLICATION FORM

SARA RIEL WORK PLACEMENT FORCE

210 Kenny Street
Winnipeg, Manitoba
R2H 2E4

The purpose of the **Application Form** is to collect important information about your situation so that Work Placement Force staff may assess whether this program will meet **your** needs.

The Application Form **must be completed and returned to Sara Riel Inc. before** an Intake Interview can be scheduled. If you require assistance with the form, please telephone **237-9559** and ask for the Work Placement Force Program Coordinator.

If you have a resume please attach a copy.

CLIENT NAME: _____
Surname First Middle
Address _____
Postal Code: _____ Phone: _____
Age: _____ Date of Birth: _____ Sex: 1. Female 2. Male
Month / Day / Year

CLIENT CONTACTS:

Psychiatrist : _____ N/A
Address: _____
Postal Code _____ Phone: (Residence) _____ (Business) _____

Family Physician: _____ N/A
Address: _____
Postal Code _____ Phone: _____

Other Supports: (e.g. Community Mental Health Worker, Psychologist, Social Worker, Counsellor, etc.) N/A
Name: _____ Agency: _____
Address: _____
Postal Code _____ Phone: _____

Name: _____ Agency: _____
Address: _____
Postal Code _____ Phone: _____

HIGHEST LEVEL OF EDUCATION COMPLETED:

1. Elementary - Grade ____ 3. University-Undergraduate 5. Community College
 2. High school - Grade ____ 4. University-Graduate 6. Other _____

LITERACY:

Do you have difficulty with reading? 1. Yes 2. No

Do you have difficulty with writing? 1. Yes 2. No

FINANCIAL SITUATION (Check as many as apply)

1. Self Supporting 4. Employment & Income Assistance 7. Family/Spouse/Partner

2. Employment Insurance 5. Worker's Compensation 8. Disability

3. Private Insurance Benefit 6. Canada Pension Plan 9. Other (specify)

CURRENT LIVING SITUATION:

1. Alone 5. Group Home (Supervised)

2. Roommate 6. Hotel

3. Spouse and/or Children 7. Other (specify)

4. Parents and/or Grandparents

LEGAL INVOLVEMENT:

1. Police-Mental Health Act 4. Child and Family Services

2. Police-Criminal Charges 5. Other (specify)

3. Intoxication

Explain if applicable: _____

HISTORY OF VIOLENCE:

1. To Self 3. Use of Weapon 5. None

2. To Others 4. Property Damage 6. Other (specify)

Explain, if applicable: _____

PLEASE ANSWER THE FOLLOWING IF APPLICABLE TO YOU OR YOUR SITUATION:

Do you have a history of abusing drugs or alcohol? _____ yes _____ no

Do you have other medical problems and/or allergies that we should be aware of? _____ yes _____ no

If yes, explain

Do you have any physical disabilities? _____ yes _____ no

If yes, explain:

PSYCHIATRIC HISTORY:

Do you have a psychiatric diagnosis? 1. Yes 2. No If yes, specify: _____

Approximate age when you were diagnosed: _____

Indicate your related mental health issues:

- 1. Schizophrenia
- 2. Anxiety disorder
- 3. Bipolar Disorders
- 4. Depression
- 5. Learning Disability
- 6. Social Phobia
- 7. Panic Disorder
- 8. Obsessive Compulsive Disorder
- 9. Personality Disorder
- 10. Post-traumatic Stress Disorder
- 11. None
- 12. Other (specify) _____

What are your medications? **OR** _____ N/A

<u>MEDICATIONS</u>	<u>DOSAGE</u>	<u>TIME</u>	<u>PURPOSE</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Have you had a medication change in the last six months? 1. Yes 2. No

HOSPITAL ADMISSIONS:

Have you been admitted to a hospital for psychiatric illness? Please indicate:

- 1. Never Hospitalized
- 2. Last in Hospital less than one month ago
- 3. Last in Hospital 1 to 3 months ago
- 4. Last in Hospital 4 to 6 months ago
- 5. Last in Hospital more than 6 months ago

If Hospitalized, specify total number of times:

- 1. Hospitalized Once
- 2. Two to Four times
- 3. Five or more times

For your most recent admission to Hospital, please answer the following:

- a) What hospital _____
- b) Date of last hospitalisation _____

What symptoms did you experience when you entered hospital? _____

AREAS OF JOB SEARCH SKILLS I WOULD LIKE TO IMPROVE ON:

- | | | |
|--|---|---|
| <input type="checkbox"/> 1. Resume Writing | <input type="checkbox"/> 5. Self-Presentation | <input type="checkbox"/> 9. Employer Expectations |
| <input type="checkbox"/> 2. Interview Strategy | <input type="checkbox"/> 6. Improve Confidence | <input type="checkbox"/> 10. Other (specify) |
| <input type="checkbox"/> 3. Finding Job Leads | <input type="checkbox"/> 7. Telephone Skills | _____ |
| <input type="checkbox"/> 4. Handling Rejection | <input type="checkbox"/> 8. Awareness of strengths & weaknesses | |

PREVIOUS/CURRENT EMPLOYMENT PROGRAMS INVOLVED IN:

- | | |
|--|--|
| <input type="checkbox"/> 1. Employment Insurance sponsored | <input type="checkbox"/> 6. Sair Centre of Learning |
| <input type="checkbox"/> 2. Employment & Income Assistance sponsored | <input type="checkbox"/> 7. Clubhouse |
| <input type="checkbox"/> 3. Doray Enterprises | <input type="checkbox"/> 8. Vocational Rehabilitation Services – VRS |
| <input type="checkbox"/> 4. Employment Dimensions (CMHA) | <input type="checkbox"/> 9. None |
| <input type="checkbox"/> 5. SSCOPE | <input type="checkbox"/> 10. Other (Please state below) |
- _____

When was your last **“paid”** employment? _____

What prevents you from getting or keeping jobs?

What would be your employment goals upon entering the Work Placement Force Program?

REFERRAL SOURCE

Are you referring yourself? yes no

If you are a **self-referral** please state how you heard about the program. List sources - i.e.: TV, radio, newspaper, friend, etc.

If someone else is referring you to the program fill out this section:

Name: _____ Agency: _____

Position: _____

Address: _____

Phone No. _____

OFFICE USE ONLY:

Date Application Form Received: _____