

# APPLICATION

<b>Applicant Identification</b>			
Name <small>(last name, first name, middle name)</small>		Birthdate <small>(month/day/year)</small>	
Address		Phone #	Email
SEX    male <input type="checkbox"/> female <input type="checkbox"/>	Canadian Citizen    yes <input type="checkbox"/> no <input type="checkbox"/>		Marital Status
SIN	Employment and Income assistance number	Personal Health Identification Number	
Next of Kin <small>(name/address/phone #)</small>			
Treaty Status    yes <input type="checkbox"/> no <input type="checkbox"/>		Band Name and No.	

<b>Medical</b>			
Physical Health	good	fair	poor
Vision	glasses	contacts	
Please list all disabilities that may qualify applicant for the VRS program	<ul style="list-style-type: none"> <li>▪</li> <li>▪</li> <li>▪</li> </ul>		
Medications (list)			
Allergies (list)			
Family Doctor (name, phone #)			
Psychologist (name, phone #)			
Psychiatrist (name, phone #)			

<b>Living Situation</b> (check one or more)			
Alone	Family	Relatives	Hotel
Apartment	House	Room and Board	Other

<b>Other Agency Involvement or previous VRS Involvement</b>	
yes <input type="checkbox"/> no <input type="checkbox"/>	
What agency?	
Counsellor and phone #	

<b>Financial Situation</b> (check one or more)			
Self Supporting	Relatives	Employment and Income Assistance	UIC
Disability Insurance	CPP	Workers Comp.	Other

Education			
Highest level of education attained			
School/training facility attending			
Program enrolled in:	Regular university entrance	General	
	Modified	Life Skills	
	Community College	University	
	Other training facility	Apprenticeship	
	Other		
Please specify diploma/certificate:			

Experience Gained Through Training, Volunteer Work or Employment							
Pick the skill areas from the lists below that best match your skills. In each area, show how you got your skills by picking one or more of the following codes:							
W - Worked in skill area		C - Certificate		P - Partial Certificate/Training			
Y - Skills acquired through volunteer work, hobbies or personal interest		D - Diploma		A - Apprenticed			
<b>Skill Areas</b>		<b>Skill Areas</b>		<b>Skill Areas</b>		<b>Skill Areas</b>	
Accountant		Cooking		Hairdresser		Paralegal	
Accounting Clerk		Customer Service		Heavy Equipment Operator		Plumbing/Gas/Pipefitting	
Assembly/Electric		Delivery/Courier		Home Support Worker		Sales Representative	
Assembly/Mechanical		Dental Assistant		Kitchen Help		Security Guard	
Auto Body		Drafting		Machine Operator		Sewing	
Baker		Electrical		Machinist		Sheet Metal Worker	
Bookkeeping		Electronics		Maintenance		Ship/Receive/Warehouse	
Butcher		Farmer/Farm Helper		Masonry		Teacher/Teacher's Aide	
Carpentry/Cabinet Making		Fishing - Commercial		Metal Forming		Teller	
Cashier		Food & Beverage Service		Metal/Woodwork		Trades Helper	
Child Care		Food Counter Attendant		Motor Vehicle Mechanics		Trapping	
Cleaner		Forestry/Logging		Nursing (any medical)		Truck Driver	
Clerical		General Labour		Nutrition/Dietary Aide		Upholstery	
Computer Operator		Graphic Arts		Painter		Welder	
Computer Programmer							
Valid MB Driver's Licence		Driver's Licence Class		Clear Driving Record		Vehicle Available	
Language spoken or written (list):							
Other skills:							

Hobbies/Interests
List:

## Eligibility Conditions and Information

In order to be eligible to receive vocational rehabilitation services within Family Services and Housing, the applicant must meet the following medical eligibility conditions:

1. Live with one of the following disabilities:
  - \* mental disability
  - \* learning disability
  - \* psychiatric disability
2. Have the disability substantiated in writing and signed:
  - \* by a licensed psychiatrist in the case of a psychiatric disability;
  - \* by a registered psychologist in the case of a learning or mental disability (or a person working for government in a "psychologist" position and exempt from registration under The Psychologists Registration Act).

NOTE: A medical doctor may sign the diagnosis if the doctor is managing a client who has been diagnosed by a psychiatrist or psychologist.

Have you ever been tested by a psychologist or psychiatrist?	yes <input type="checkbox"/>	no <input type="checkbox"/>	what year?	
If yes, name of psychologist or psychiatrist				
Address and phone number				
If not tested, are you willing to undergo testing?	yes <input type="checkbox"/>	no <input type="checkbox"/>		

## Other

Is family/guardian/support network in agreement with referral to Vocational Rehabilitation Services program?	yes <input type="checkbox"/>	no <input type="checkbox"/>	
Are you bondable for employment opportunities? Yes_____ No_____			
If no please explain			

### PLEASE ATTACH REQUIRED REPORTS:

1. Proof of medical eligibility from a psychiatrist in case of psychiatric disability
2. Proof of medical eligibility from a psychologist in cases of a learning disability and/or mental disability
3. Social History if available
4. Vocational testing or training reports.
5. Educational reports, work experience reports.
6. Psychiatric information (including diagnosis and medication information)
7. Medical information re physical condition pertinent for rehabilitation.

Name of person making referral \_\_\_\_\_

Agency/School : \_\_\_\_\_

Address and Phone Number \_\_\_\_\_

Date of Application \_\_\_\_\_ Signature of applicant: \_\_\_\_\_

### FOR OFFICE USE ONLY

Date application received		Referral acknowledgement	yes <input type="checkbox"/>	no <input type="checkbox"/>
Voc. Rehab. signature		Date:		