

# FOCUS ON EMPLOYMENT INC.

Box 2478 524 Main Street, Swan River, MB R0L 1Z0  
Phone: 734-9675 Fax: 734-4262

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## Referral Form

### ***PERSONAL INFORMATION:***

<b>Date of Application:</b>		
<b>Name:</b>		
<b>Address:</b>		<b>Is this Person a Manitoban?</b>
		<b>Phone Number:</b>
		<b>Messages:</b>
<b>Date of Birth:</b>	<b>Age:</b>	<b>Gender:</b>

### ***INCOME:***

<b>Income Assistance:</b>	<b>Date Started:</b>
<b>Income Assistance Worker:</b>	<b>Phone Number:</b>
<b>Employment Insurance:</b>	<b>Date Filed:</b>
<b>Present Employment:</b>	
<b>Date Started:</b>	<b>SIN:</b>

### ***REFERRING SOURCE:***

<b>Referring Agency:</b>	
<b>Contact Person:</b>	
<b>Address:</b>	<b>Title:</b>
	<b>Phone:</b>
	<b>Fax:</b>

**INDIVIDUALS DISABILITY:**

<b>Primary Disability:</b>
<b>What are the Characteristics of this Disability?</b>
➤
➤
➤
➤

<b>Secondary Disability:</b>
<b>What are the Characteristics of this Disability?</b>
➤
➤
➤

**EMPLOYMENT HISTORY:**


**EDUCATIONAL HISTORY:**

<b>Name of School</b>	<b>Grade</b>	<b>Year</b>	<b>Program Type</b>
<b>Comments:</b>			

**WHAT ARE THE BARRIERS TO EMPLOYMENT FOR THIS INDIVIDUAL?**

➤
➤
➤
➤
➤

**INDIVIDUALS HEALTH:**

<b>Medical Concerns:</b>	
<b>Medication:</b>	<b>Self Admin:    Yes    No</b>
<b>Medication:</b>	<b>Self Admin:    Yes    No</b>
<b>Medication:</b>	<b>Self Admin:    Yes    No</b>
<b>Other:</b>	

<b>Family Practitioner:</b>	
<b>Address:</b>	<b>Phone:</b>
<b>Other:</b>	

**HISTORY OF DIFFICULTIES IN:** (Please Explain)

<b>Alcohol</b>	
<b>Drugs</b>	
<b>Physical Aggression</b>	
<b>Sexual Aggression</b>	
<b>Sensitivity to personal space</b>	
<b>Problems with the Law?</b>	
<b>Criminal Record?</b>	
<b>Comments:</b>	

**ADDITIONAL INFORMATION RELEVANT TO INDIVIDUAL'S JOB SEARCH:**


\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Referring Agent Signature

\_\_\_\_\_  
Date