



CASS



Calgary Alternative Employment Services

Inspired Work, Inspired People

Please click beside each field to enter information. Save as - client initials - 'referral' and date
(Example: SM-referral-2023-11-12) and then email this form to

caes.intake@c-a-s-s.org

Applicant Information:

Legal Name of Applicant:	
Preferred Name (if different):	
Birth Date (YYYY-MM-DD):	
Street Address:	
Postal Code:	
City and Province:	
Cell Phone Number:	
Other Phone Number:	
Email:	
Current Income Source:	
Do you have a legally appointed Guardian?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(If Yes) Guardian Name:	
Guardian Contact Info (Phone / Email):	

Referral Information:

Name of Referral Source or Self-Referral:	
Contact Info (Phone / Email):	
Relationship to Referral:	



Support Network:

Please provide the names and contact information for the primary members of this person's support network (professional support staff, counselors/mental health supports, family members, and emergency contacts etc.).

Name	Relationship	Contact

Applicant Background Information:

This information will be kept confidential and will help assess program fit.

Identified Disabilities

Health Considerations

Highest Education Completed

Criminal Record and any Probationary Restrictions or Limitations (this will not affect eligibility for services):



Residential Information:

Is there a fixed, residential address? Yes ☐ No ☐

Is there a move planned or required in the near future? If yes, please explain circumstances:

Health and Medical Information:

Has there been a recent hospitalization? Yes ☐ No ☐

Are there any surgeries scheduled? _____

Please describe any physical limitations or medical restrictions:

Mental Health and Emotional Well-being:

Please rate current mental health and emotional well-being (over the past 2 weeks):

1 (very unwell) ☐ 2 ☐ 3 ☐ 4 ☐ 5 (very well) ☐

Please add any more details to provide context for the above rating:



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Please rate perceived stress level around finding a new job (over the past 2 weeks):

1 (very stressed) ☐ 2 ☐ 3 ☐ 4 ☐ 5 (no stress) ☐

Please add any more details to provide context for the above rating:

Are there any past assessments available to assist Calgary Alternative Employment Services (CAES) with insights around strengths, barriers, and limitations? (If yes, please attach assessments)

Yes ☐ No ☐

Employment Information:

Why are you currently looking for employment?

Please tell us about your current circumstances and employment goals. (Are you working currently? What is your dream job?)



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Please describe any previous employment or volunteer experience. Have you accessed any employment support services before?

Please tell us about any previous challenges with finding or maintaining employment, and describe how CAES can assist you.

Please list current mode of transportation and any transportation needs required for employment.