



Calgary Alternative Employment Services

Inspired Work, Inspired People

Note: This form should be filled out using the freely available [Adobe Acrobat Reader](#)

Please click beside each field to enter information. Save as - client initials - 'referral' and date (Example: SM-referral-20-06-2015) and then E-mail this form to caes.intake@c-a-s-s.org

Name of Applicant:	
Birth Date: (day-month-year) Age	
Street Address:	
City / Province / Postal Code:	
Phone Number 1:	
Phone Number 2:	
E-mail:	
Current Income Source:	

Referral Source:	
Contact Info (Phone/ E-mail):	
Relationship to Referral:	
Guardianship:	
(If Yes) Guardian Name:	
Guardian Contact Info (Phone/ E-mail):	

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

Please provide the following **applicant background information**. This information will be kept confidential and will help assess program fit.

Identified Disabilities

Health Considerations

Highest Education Completed

Criminal Record

(If Yes) Probationary restrictions or limitations

Residential Information:

Is there a fixed, residential address? Yes No

Is there a move planned or required in the near future?

Health and Medical Information:

Has there been a recent hospitalization? Yes No

Are there any surgeries scheduled? _____

Please describe any physical limitations or restrictions:

Mental Health and Emotional Well-being:

Please rate current mental health and emotional well-being: (out of 5)

1 (very unwell) 2 3 4 5 (very stable)

Please rate perceived stress level around finding a new job: (out of 5)

1 (very stressed) 2 3 4 5 (no concerns)

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

Yes No

Employment History:

Why are you currently looking for employment?

Please tell us about your current circumstances and employment goals.

Please describe any previous employment or volunteer experience. Please tell us about any previous employment services accessed.

Please tell us about any previous employment issues and describe how CAES can assist you to find and maintain employment.

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