

*Chippewas of Kettle & Stony Point First Nation*



**Four Winds Community Employment Services**  
**Participant Information Form**

Responsibility Centre (RC): 3673

File Number: \_\_\_\_\_

Source of Funding:

EI Verification Submitted

CRF# 010235166

EI # 010235174

**Please discuss your eligibility prior to completing intake. Completing intake does not guarantee funding approval. Training & Job Starts are for unemployed and underemployed clients. Verification is required using SIN. All areas of intake must be completed before file can be reviewed.**

**CLIENT IDENTIFICATION**

Last Name	First Name	Middle Name(s)/Initials
Maiden Name (if applicable)	Date of Birth (YYYY-MM-DD)	Social Insurance Number

**GENDER**

☐ Male
 ☐ Female
 ☐ Transgender
 ☐ Unspecified
 ☐ Other: \_\_\_\_\_

**CONTACT INFORMATION**

Apartment/Unit # (if applicable)	Street Address or Box Number	
City/Town/Community	Province	Postal Code
Telephone Number (including Area Code)	Other Number for Messages	Email Address

**All Applicants must provide two forms of contact, either an email and phone # or 2 phone #s please!**

**SOURCE OF INCOME - PLEASE SELECT ALL THAT APPLY**

☐ EMPLOYED Employer: \_\_\_\_\_ Start Date: \_\_\_\_\_  
 IF YES – PLEASE INDICATE YOUR AVERAGE NUMBER OF HOURS PER WEEK: \_\_\_\_\_

☐ UNEMPLOYED – Since: \_\_\_\_\_ Seeking Employment? \_\_\_\_\_

☐ ONTARIO WORKS /SOCIAL SERVICES From: (city/town/First Nation) \_\_\_\_\_

☐ ODSP (DISABILITY) Please Note: ODSP provides supports, if you're not eligible, please provide a letter from your case worker

☐ EI / EMPLOYMENT INSURANCE ☐ EI SICK BENEFITS Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

☐ MATERNITY/PATERNITY OR PARENTAL LEAVE

☐ STUDENT: High School ☐ ALC/ACE/GED ☐ POST-SECONDARY ☐ PROGRAM: \_\_\_\_\_ Yr: \_\_\_\_\_

☐ NO INCOME

**EI and MATERNITY/PARENTAL/SICK LEAVE DETAILS FROM ABOVE**

**EI Claimant/maternity/parental/sickness etc.:**

€ Employment Insurance Claimant → Gross Weekly Rate: \$ \_\_\_\_\_

Number of Weeks Entitled: \_\_\_\_\_ Ending on Date: \_\_\_\_\_

€ Reach-Back\* Client/Former Client (\*On EI Regular Benefits in the last 3 years OR on Special Benefits (Maternity, Parental, Sickness, etc.) in the last 5 years)

€ Non-Insured Client

CASE MANAGER: \_\_\_\_\_

CLIENT SIN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

LANGUAGES SPOKEN

☐ English Only

☐ Indigenous Language(s) Only

☐ Indigenous Language(s) and English

☐ Indigenous Language(s) and French

☐ English and French

☐ Indigenous Language(s), English and French

☐ French Only

☐ Other: \_\_\_\_\_

INDIGENOUS GROUP

☐ Registered Indian → BAND NAME: \_\_\_\_\_ # \_\_\_\_\_ PROVINCE: \_\_\_\_\_

☐ Non-status Indian

☐ Métis

☐ Inuit

DISABILITY: (CAN BE ANYTHING FROM LEARNING TO PHYSICAL TO MENTAL TO MEDICAL)

☐ No

☐ Yes (Specify): \_\_\_\_\_

MARITAL STATUS

☐ Married or Equivalent ☐ Single ☐ Separated ☐ Divorced ☐ Widowed

Spouse's Name: \_\_\_\_\_

NUMBER OF DEPENDANT CHILDREN

DEPENDENT CHILDREN: ☐ No ☐ Yes → list NAME AND AGE FOR EACH CHILD BELOW


CHILDCARE NEED: (Is childcare required for this Action Plan?) ☐ No ☐ Yes

CHILDCARE FUNDED: (Choose type of support, if applicable)

☐ Not Applicable ☐ No Funding Received

☐ FNICCI ☐ Daycare Space Not Available

☐ EI/CRF ☐ Assisted by Family/Self-Funded

☐ Provincial Funding or Subsidy

LICENCES:

DRIVERS LICENCE CLASS: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

OTHER LICENCES (example: AZ/DZ/B): \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

BARRIERS TO EMPLOYMENT: (CHOOSE ALL THAT APPLY)

☐ Lack of Labour Force Attachment

☐ Lack of Work Experience

☐ Lack of Transportation

☐ Remoteness

☐ Language

☐ Education

☐ Economic

☐ Dependent Care

☐ Lack of Marketable Skills

☐ Physical or Mental Health

☐ Other Barrier Not Listed Above

NOTES:

EDUCATION LEVEL – PLEASE CHECK ALL THAT APPLY AND LIST YEAR AND PROVINCE

CASE MANAGER: \_\_\_\_\_

CLIENT SIN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

<input type="checkbox"/> No Formal Education <input type="checkbox"/> Up to Grade 7 – 8 <input type="checkbox"/> Grade 9 – 10 <input type="checkbox"/> Grade 11 – 12 <input type="checkbox"/> Secondary School Diploma or GED  YEAR: _____ SCHOOL: _____ PROVINCE: _____  Any Other Education Not Listed:	<input type="checkbox"/> Some Post-Secondary Training <input type="checkbox"/> Apprenticeship or Trades Certificate or Diploma <input type="checkbox"/> College, CEGEP, Other Non-University Certificate or Diploma <input type="checkbox"/> University Certificate or Diploma <input type="checkbox"/> University – Bachelor’s Degree <input type="checkbox"/> University – Master’s Degree <input type="checkbox"/> University – Doctorate  YEAR: _____ PROGRAM: _____  SCHOOL: _____ PROVINCE: _____
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LIST ANY OTHER CERTIFICATIONS OF RELEVENCE:

CLIENT FILE CHECKLISTS

BASIC INTAKE PACKAGE CHECKLIST:

- INTAKE FORM 1 – Participation Information Form (this form)
- INTAKE FORM 2 – Client Release of Information Form
- INTAKE FORM 3 – Client Assessment
- Letter of Request – Include quotes, dates, etc.
- Updated Resume and Copies of all Certificates

JOB START/RELOCATION INTAKE PACKAGE CHECKLIST:

- INTAKE FORMS 1 to 3 as Listed Above
- VERIFICATION – of New Employment and/or Proof of Interview
- Letter of Request – Include quotes, dates, etc.
- Updated Resume and Copies of all Certificates

SKILLS TRAINING INTAKE PACKAGE CHECKLIST:

- INTAKE FORMS 1 to 3 as Listed Above
- INTAKE FORM 4 – Client Training Research Application
- Course Outlines, Dates, Costs etc. ALL TRAINING MUST BE THROUGH ISETS APPROVED TRAINER
- Letter of Request – Include quotes, dates, etc.
- Updated Resume and Copies of all Certificates

You must maintain contact with your Employment Consultant. No contact for 30 days will result in your file being closed. A new intake will be required.

PARTICIPANT CONSENT TO RELEASE INFORMATION

I, \_\_\_\_\_ the undersigned, give my consent for Kettle & Stony Point – Four Winds Business & Training  
(Name of client)  
Centre to release the information contained in this form regarding my participation in an ISETS program to HRSDC/Service Canada and the London District Chiefs Council ISETS Department. I acknowledge that the information is collected and administered in accordance with the Privacy Act and applicable to privacy laws, and that it may be used to determine my eligibility for the ISETS program and provided to HRSDC/Service Canada for the evaluation and accountability of the ISETS program.

Participant SignatureDate (YYYY-MM-DD)

Please Note :

- FUNDING CAP PER CLIENT IS \$3,500.00
- REQUESTS OVER CAP MUST BE REVIEWED AND APPROVED BY THE ECONOMIC DEVELOPMENT COMMITTEE (MONTHLY MEETINGS)
- ONCE INTAKE IS COMPLETED, THERE IS A TWO WEEK TURNAROUND TIME FOR FILE REVIEW
- APPROVED CLIENTS WILL BE REQUIRED TO COMPLETE FURTHER FORMS AND MUST SIGN A CLIENT INTERVENTION AGREEMENT.
- ONCE YOUR E&T INTERVENTION IS COMPLETED AND YOUR RESULT IS ENTERED INTO THE DATA BASE, YOU ARE INELIGIBLE FOR 2 YEARS.
- WAGE SUBSIDIES ARE A ONE-TIME ONLY FUNDING OPPORTUNITY



FOR OFFICE USE ONLY: (FOR CASE MANAGER(S) ONLY)

CLIENT NAME: \_\_\_\_\_

SIN: \_\_\_\_\_

EMPLOYABILITY DIMENSION:

- €Employability Dimension – Career Decision
- €Employability Dimension – Job Search

- €Employability Dimension – Skills Enhancement
- €Employability Dimension – Employment Maintenance

ACTION PLAN START DATE: \_\_\_\_\_ (YYYY-MM-DD)

ACTION PLAN RESULT DATE: \_\_\_\_\_ (YYYY-MM-DD)

ACTION PLAN RESULT:

- €Unemployed but Available for Work
- €Employed
- €Self-Employed
- €Returned to School
- €Unspecified – Client could not be reached
- €No Longer in Labour Force

OFFICE USE ONLY

ACTION PLAN RELATED NOC: (National Occupation Code) \_\_\_\_\_ (Maximum 4 Digits)

ACTION PLAN CHILDCARE NEED: (Is childcare required for this Action Plan?)

- €No
- €Yes

ACTION PLAN CHILDCARE FUNDED: (Choose type of support, if applicable)

- €Not Applicable
- €FNICCI
- €EI/CRF
- €Provincial Funding or Subsidy
- €No Funding Received
- €Daycare Space Not Available
- €Assisted by Family/Self-Funded

ACTION PLAN COST: \$ \_\_\_\_\_ (Cost of Training and Supports)

INTERVENTION TYPE

(Choose all that apply – For definitions, please see “Interventions Defined for the Indigenous Skills and Employment Training Strategy (ISETS)” Guide):

“The definition of an Intervention: An action plan activity, within a specific timeframe, developed by a client and a case-manager/counsellor intended to assist a client to improve employability in order to prepare for, obtain, and/or maintain employment.”

- €Career Research and Exploration
- €Diagnostic Assessment
- €Employment Counselling
- €Occupational Skills Training – Apprenticeship
- €Occupational Skills Training – Certificate
- €Occupational Skills Training – Degree
- €Occupational Skills Training – Diploma
- €Occupational Skills Training – Industry Recognized
- €Self-Employment
- €Skills Development – Academic Upgrading
- €Skills Development – Essential Skills
- €Work Experience – Job Creation Partnerships
- €Work Experience – Student Employment
- €Work Experience – Wage Subsidy
- €Employer Referral
- €Job Search Preparation Strategies
- €Job Starts Supports
- €Employment Retention Supports
- €Referral to Agencies

INTERVENTION START DATE: \_\_\_\_\_ (YYYY-MM-DD)

INTERVENTION END DATE: \_\_\_\_\_ (YYYY-MM-DD)

INTERVENTION DURATION: \_\_\_\_\_ (Total Number of Days)

INTERVENTION COST: \$ \_\_\_\_\_ (Total Budgeted Costs of the Intervention)

INTERVENTION OUTCOME:

- €Incomplete
- €Complete
- €In progress
- €Failed to Report
- €Cancelled
- €Rescheduled

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ INITIAL INPUT IN DATA SYSTEM
- ☐ RESULTS INPUT IN DATA SYSTEM

DATE: \_\_\_\_\_  
DATE: \_\_\_\_\_

CASE MANAGER: \_\_\_\_\_

CLIENT SIN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_