

ODSP Employment Supports Client Information

The information collected through this form will be used by ODSP staff and/or service providers to develop a plan that outlines the supports you need to enter competitive employment. It will not impact your eligibility for employment supports. The information clients provide may be anonymously combined and analyzed by the ministry to help improve the program. The information provided through this form is voluntary. If you prefer not to answer a question, please write "N/A."

Contact Information

First Name		Last Name	
Date of Birth		Referral #	
Address			

Employment

Please check the boxes that apply:

<input type="checkbox"/> I am looking for a job	<input type="checkbox"/> I want to advance in my job	<input type="checkbox"/> I am doing volunteer work
<input type="checkbox"/> I have a job offer	<input type="checkbox"/> I need to change my job	<input type="checkbox"/> I want to become self-employed
<input type="checkbox"/> I need help keeping my job	<input type="checkbox"/> I am in a training program	<input type="checkbox"/> I need help with my business
	<input type="checkbox"/> I am attending school	<input type="checkbox"/> Other: _____

How many jobs have you had in the last three years? _____

Are you currently employed? Yes No

Tell us about your last three jobs including any current job(s)

Occupation/job title			
Job type	<input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Paid Training	<input type="checkbox"/> Seasonal <input type="checkbox"/> Contract <input type="checkbox"/> Permanent	<input type="checkbox"/> Self-Employed
Job status	<input type="checkbox"/> Working	<input type="checkbox"/> Quit	<input type="checkbox"/> Fired <input type="checkbox"/> Laid Off
Wages	<input type="checkbox"/> hourly <input type="checkbox"/> weekly	<input type="checkbox"/> monthly <input type="checkbox"/> annually	Average hours per week
Job length	years _____ months _____	Job end date	(yyyy/mm/dd)
Occupation/job title			
Job type	<input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Paid Training	<input type="checkbox"/> Seasonal <input type="checkbox"/> Contract <input type="checkbox"/> Permanent	<input type="checkbox"/> Self-Employed
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Job status	<input type="checkbox"/> Working	<input type="checkbox"/> Quit	<input type="checkbox"/> Fired <input type="checkbox"/> Laid Off
Wages	<input type="checkbox"/> hourly <input type="checkbox"/> weekly	<input type="checkbox"/> monthly <input type="checkbox"/> annually	Average hours per week
Job length	years _____ months _____	Job end date	(yyyy/mm/dd)

Barriers

What is your disability: *(You may check more than one box)*

- Physical / Mobility
- Mental Health / Psychiatric
- Blind / Visually Impaired
- Deaf / Hard of Hearing
- Developmental Disability
- Learning Disability
- Head Injury / Cognitive
- Other: _____

How does your disability make it difficult for you to get or keep a job?
(If you need more space, please attach a separate page.)

- I do not wish to share any information. (Leave the form blank)
- I consent to the collection and use of the information provided by the ministry and ODSP employment supports service providers for the purposes of receiving employment supports.

Signature	Date (yyyy/mm/dd)
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Notice with Respect to the Collection of Personal Information
(Freedom of Information and Protection of Privacy Act)

The information collected under the legal authority of the Ontario Disability Support Program Act, S. O. 1997, c.25, Schedule B, sections 32 and 33 for the purpose of providing employment supports to enable persons with disabilities to obtain and maintain employment. For more information contact

_____ at _____,
in your local Ontario Disability Support Program Office.

Service provider to ODSP employment supports referral template

This template must accompany the application package of the person the service provider is referring to ODSP employment supports. The ODSP office will use this form to check that all steps in the application process are complete and to make the referral back to the service provider.

Referral Date			
Service Provider Information			
Contact	Name		
	Title		
	Phone		
	Email		
Organization	Name		
	Address		
	Phone		
Client Information			
	Name		
	Date of Birth		
	Address		
	Phone		

Referral checklist

These steps must be completed before the client begins services with the service provider.

Initial	
	<i>Welcome to ODSP Employment Supports</i> form has been reviewed with applicant
	Applicant has signed the <i>Welcome to ODSP Employment Supports</i> form and original is in the client file
	<i>ODSP Employment Supports Client Information</i> template has been completed
	Applicant's age has been verified in person and recorded in the client file (see back of template for list of documents)
	Applicant's work eligibility in Canada has been verified in person and recorded in the client file (see back of template for list of documents)

Valid proof of an applicant's legal entitlement to work in Canada can include any one of the following documents:

- Social Insurance Card
Generally, Social Insurance Number (SIN) constitutes proof of a person's legal entitlement to work in Canada, except for numbers that begin with 9. A SIN that begins with 9 must be accompanied by a valid work permit
- Work Permit
Applicants who hold work permits may be eligible for Employment Supports for the length of time the permit is valid. Since work permits may be extended or cancelled at the discretion of Immigration Canada, these files should be monitored on an on-going basis.
- Record of Landing document (Form IMM1000), commonly referred to as "landed immigrant paper", or a Permanent Resident Card
- Canadian Birth Certificate
- Canadian Passport

Identity and date of birth can be verified with one of the following:

- Birth certificate
- Naturalization certificate
- Hospital record of birth
- Confirmation by Registrar General of Notice of Registration of Birth
- Passport
- Landing Record
- Military record
- School record
- National Registration File of 1940 held by Statistics Canada
- Secure Certification of Indian Status (SCIS)
- Immigration documents
- Ontario Driver's Licence
- Ontario Photo Card