



# Niagara Peninsula Aboriginal Area Management Board

P. 519-751-8333 F. 519-751-8334 [www.npaamb.com](http://www.npaamb.com)

## CLIENT INTAKE ASSESSMENT

### OFFICIAL USE

<b>Forms of Identification:</b> <input type="checkbox"/> SIN Card <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Status Card <input type="checkbox"/> Student Card <input type="checkbox"/> Driver's License <input type="checkbox"/> Métis Citizenship Card <input type="checkbox"/> Other: _____	<b>Have you ever registered with NPAAMB at one of its affiliated sites?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>If yes, what location?</b> <input type="checkbox"/> Brantford <input type="checkbox"/> Fort Erie <input type="checkbox"/> Hamilton <input type="checkbox"/> St. Catharines <input type="checkbox"/> Kitchener-Waterloo

PLEASE PRINT CLEARLY AND COMPLETE ALL APPLICABLE SECTIONS

### CLIENT PERSONAL INFORMATION

<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	<b>Birth Date (YY/MM/DD)</b>		
<b>Current Address</b>		<b>City</b>	<b>Province</b>	<b>Postal Code</b>	
<b>Phone Number</b>		<b>Email</b>	<b>Gender</b>		
			<input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>Social Insurance Number (SIN)</b>	<b>Native Ancestry</b>		<b>Band Name &amp; Number (10 digit)</b>		
	<input type="checkbox"/> Status <input type="checkbox"/> Non-Status <input type="checkbox"/> Métis <input type="checkbox"/> Inuit				
<b>Language Spoken</b>	<b>Financials</b>		<b>Employment</b>	<b>Family Status</b>	<b>Dependant(s)</b>
<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> English & French <input type="checkbox"/> Aboriginal Lang.	<input type="checkbox"/> Social Assistance <input type="checkbox"/> Ont. Disability <input type="checkbox"/> Workers Comp. <input type="checkbox"/> Employment Insurance <input type="checkbox"/> Lives with Parents		<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Working P/T <input type="checkbox"/> Working F/T	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Divorced	<b>Age(s):</b> _____ _____

### CLIENT EDUCATION & TRAINING INFORMATION

1. Education	Level (Grade)	Institution (School)	City	Graduate		Discipline
				(Yes/No)	Date	
2. Trades	Certificate		Institution	City	Graduate	
					(Yes/No)	Date
3. Other Certifications	Certificate		Level	Expiry		Primary
4. Language Skills	Language Reading	Language Writing	Language Listening	Language Speaking		Language Primary
5. Driver's License	Class			Province of Registration		Expiry Date

**CLIENT EMPLOYMENT INFORMATION**

**EMPLOYMENT HISTORY INFORMATION**

Present & Previous Employers	Title	Start Date	End Date
1.			
2.			

**EMPLOYMENT SOUGHT**

Type of employment	Duration	Details

**CLIENT ASSESSMENT INFORMATION – LOCAL AREA PRIORITIES**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> No grade 12             | <input type="checkbox"/> Youth – in school     | <input type="checkbox"/> Youth - unemployed                      |
| <input type="checkbox"/> Youth unskilled laborer | <input type="checkbox"/> Youth – single parent | <input type="checkbox"/> Youth at home in a single parent family |

**CLIENT NEEDS ASSESSMENT INFORMATION**

*\*Disclosure of Physical, Emotion and Mental Health\**

**DETERMINE NEEDS**

Career Decision Making – *What does the client bring? (i.e.: registration, ID, what information are they searching for? What do they want to do? Goals? Find out client abilities.*

Skills Enhancement – *What skills are they currently obtaining, (i.e.: school) What do they want to acquire? Lack of marketable skills?*

Job Search – *Are they seeking employment? What kind?*

Employment Maintenance – *Barriers to maintaining employment:*

**COUNSELLING INFORMATION**

**CLIENT ACTION PLAN**

GOALS:

PLAN TO SUCCEED:

**BARRIERS**

- |   |   |
|---|---|
| <input type="checkbox"/> Physical, emotional, mental, health barriers           | <input type="checkbox"/> Resume                           |
| <input type="checkbox"/> Disclosure of mental health issues/disabilities        | <input type="checkbox"/> Job starts supports? _____       |
| <input type="checkbox"/> Employment placement suitability (i.e.: special needs) | <input type="checkbox"/> Lack of transportation           |
| <input type="checkbox"/> Incomplete education,                                  | <input type="checkbox"/> Other barriers not listed: _____ |
| <input type="checkbox"/> Lack of childcare                                      |   |

**Notes:**

**CONSENT AND RELEASE OF INFORMATION**

*This consent and release of information is intended to allow the Niagara Peninsula Aboriginal Area Management Board (NPAAMB) to retain my personal information and use it to verify eligibility for potential program/financial assistance. The information will be kept in the strictest of confidence as per NPAAMB’s Confidentiality Policies, locked in filing cabinets and for the use only by authorized personnel. The information will be maintained on a database established by NPAAMB to improve programs and services delivered by NPAAMB.*

I, \_\_\_\_\_ certify to the best of my knowledge that the above information is accurate and complete. I understand that it may be subject to verification by NPAAMB and/or HRSDC/Service Canada. I am aware that the staff members of NPAAMB may access this information and may be reviewed during a Regulatory Audit. I give my consent for this information to be collected and disclosed through verbal/written communications in accordance with the Personal Information Protection & Electronic Data Act. I agree that my personal information may be disclosed to appropriate employers, educational institutions and NPAAMB affiliated offices and agencies. I agree to report to NPAAMB when there are any changes in the above information. Privacy: Information in this agreement will be shared with Service Canada for the purpose of determining eligibility and for the purpose of evaluating the results of the program. Information, when provided to Service Canada, is protected under the Privacy Act and that you have the right to obtain access to that information from Service Canada.

**CONSENT TO RECEIVE EMAIL ACCORDING TO CANADA’S NEW ANTI-SPAM LEGISLATION**

I, \_\_\_\_\_ do hereby give my consent to receive emails from Niagara Peninsula Aboriginal Area Management Board (NPAAMB) in regards to - e.g., marketing emails, programs and services updates, promotion and/or newsletters.

**CONSENT TO RELEASE INFORMATION TO THIRD PARTIES**

I, \_\_\_\_\_ understand that by signing this form, I am granting Niagara Peninsula Aboriginal Area Management Board (NPAAMB) permission to release my information for verification purposes to any third party requests.

**PHOTO RELEASE & MEDIA RELEASE**

I, \_\_\_\_\_ grant the Niagara Peninsula Aboriginal Area Management Board (NPAAMB), its representatives and employees permission to take photographs/video of me. I authorize NPAAMB, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that NPAAMB may use such photographs/video of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

\_\_\_\_\_  
Print Name Client

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (YY/MM/DD)

\_\_\_\_\_  
Print Name Parent/Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (YY/MM/DD)

\_\_\_\_\_  
Print Name YSO

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (YY/MM/DD)