

Intake Form (double-sided) – French language program

PERSONAL INFORMATION

2nd Contact

Date : _____

Name:

Full name: _____

Age: _____ Birthdate (yyyy/mm/dd): _____/_____/_____

Relationship to applicant:

Address: _____ City: _____

Phone number:

Email: _____ Postal code: _____

Phone # : _____ Cellphone # : _____

- **Are you currently attending school?** Yes No
If yes, what school do you attend? _____
If no, do you plan to return to school? Yes No When? _____
- **Social Insurance Number (SIN) :** _____
- **I have a good understanding of the English language:**
Reading: Yes No Writing: Yes No Speaking: Yes No
- **Have you received Employment Insurance (EI) benefits within the past 5 years:** Yes No
- **Are you a visible minority?** Yes No **Have you worked in Canada before?** Yes No
- **Have you ever participated in a program like Premier Choix?** Yes No
- **Do you identify as a person with a disability or a health-related barrier to employment (e.g. learning difficulty, intellectual disability, mental health issues, physical condition)?** Yes No
If yes, what is your barrier? _____
- **How did you hear about Premier Choix?** _____
- **Citizenship status:**
Canadian: Yes No Refugee: Yes No Permanent resident: Yes No
Birth country: _____

(À L'USAGE DE PREMIER CHOIX SEULEMENT) Résultats du client

Personne admissible via les qualifications de Premier Choix?

OUI NON Si non, raison : _____

NAS : envoyé pour vérification? Oui Non Date envoyé : _____

NAS : approuvé par Service Canada? Oui Non Date reçu : _____

DESTINATION EMPLOI

EMPLOI POUR TOUS

SERVICES ADAPTÉS

DÉCISION :

NOTES :

Please review the list below and write a check mark beside any health issues you experience (official diagnosis not required):

Anxiété <i>Anxiety</i>		Malentendant/sourd <i>Hard of hearing/deaf</i>		Syndrome de Down <i>Down Syndrome</i>	
Autisme/Syndrome d'Asperger <i>Autism/Asperger's</i>		Perte de vision/aveugle <i>Vision loss/blind</i>		Syndrome de stress post-traumatique <i>Post-Traumatic Stress Disorder (PTSD)</i>	
Déficit de l'attention avec ou sans hyperactivité (DA/DAH) <i>Attention Deficit (Hyperactivity) Disorder (ADD/ADHD)</i>		Peurs/phobias <i>Fears/phobias</i> Précisez/Specify : -----		Syndrome de Tourette <i>Tourette Syndrome</i>	
Dépression <i>Depression</i>		Quotient intellectuel limité (<80 Q.I.) <i>Borderline I.Q. (<80)</i>		Trouble de la parole/défaut d'élocution <i>Speech impairment/impediment</i>	
Dyslexie <i>Dyslexia</i>		Schizophrénie <i>Schizophrenia</i>		Trouble obsessionnel-compulsif (TOC) <i>Obsessive Compulsive Disorder (OCD)</i>	
Épilepsie <i>Epilepsy</i>		Syndrome d'alcoolisme foétale (SAF) <i>Fœtal Alcohol Spectrum Disorder (FASD)</i>		Problèmes de santé mentale <i>Mental health issues</i> Précisez/Specify : -----	
Difficultés d'apprentissage <i>Learning difficulties</i> Précisez/Specify: -----		Handicap intellectuel <i>Intellectual disability</i> Précisez/Specify: -----		Handicap physique <i>Physical disability</i> Précisez/Specify: -----	

Service Request

How to submit a request:

- 1) Complete both sides of the intake form.
- 2) Photocopy* your social insurance number (SIN) and ONE (1) piece of identification, for example, driver's license, vehicle registration card, Manitoba Health card or Permanent Residence card)
- 3) Return intake form and all required documents to Premier Choix in one the following ways:

In person or by mail

CDEM – Premier Choix
200-614 Des Meurons Street (2nd floor)
Winnipeg, Manitoba
R2H 2P9

By e-mail**

Salimata Soro (Premier Choix Coordinator)
info@premierchoix.org

By fax**

(204) 237-4618
“ATTN: Premier Choix ”

*Those wishing to photocopy their SIN card and piece of identification for the purpose of enrolling in our program, can do so at our Premier Choix offices.

** We recommend that you fill the registration form and send it to us by e-mail or by fax. However, for reasons of confidentiality, please mail us copies of your social insurance number social (SIN) and your piece of identification.