

Referral Date: 2019-01-21

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**Participant Information**

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Participant Name: EIA Case Number:  
Participant Address: Participant Phone:  
EIA Case Coordinator Name: EIA Case Coordinator Phone:

Is the participant aware of the referral?  Yes  No

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**Eligibility Criteria** (participant must meet **all** of the below criteria):

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- Enrolled in the EIA disability category
- Legally entitled to work in Manitoba
- Interested in finding employment
- 18 years of age or older
- Grade 6 education or higher preferred, but those with lower education levels may be considered
- Not participating in educational or other programming unless they are close to completion
- Not involved with agencies providing employment assistance, i.e. Vocational Rehabilitation
- Participants with care and caution status must not have any current care and caution issues
- Any social, family and addiction issues are stable i.e. supports are in place, participant is ready to move to employment

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**Participant Barriers to Employment** (check all that apply)

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- |  |   |
|--|---|
| <input type="checkbox"/> Lack of Education/Skill Training  | <input type="checkbox"/> Health/Disability Issues |
| <input type="checkbox"/> Lack of Work Experience           | <input type="checkbox"/> Housing Issues           |
| <input type="checkbox"/> Workplace Behaviours/Habits       | <input type="checkbox"/> Childcare Issues         |
| <input type="checkbox"/> Transportation Barriers           | <input type="checkbox"/> Hygiene Issues           |
| <input type="checkbox"/> Communication Barriers            | <input type="checkbox"/> Addiction Issues         |
| <input type="checkbox"/> Lack of Supportive Social Network | <input type="checkbox"/> Criminal Record          |
| <input type="checkbox"/> Family Responsibilities/Issues    | <input type="checkbox"/> Other:                   |

Cont...

## Page 2: Additional MarketAbilities Team Participant Referral Information

Participant Name:

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### Other Agency/Program Involvement (check all that apply)

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|--|--|
| <input type="checkbox"/> Community Mental Health               | <input type="checkbox"/> Literacy/Upgrading program          |
| <input type="checkbox"/> Vocational Rehabilitation Program     | <input type="checkbox"/> Counselling/Anger Management agency |
| <input type="checkbox"/> Supported Living Program              | <input type="checkbox"/> Probations                          |
| <input type="checkbox"/> Child and Family Services             | <input type="checkbox"/> Other                               |
| <input type="checkbox"/> Pre-employment/skills training agency |  |

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### Additional Participant Information

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1. How does the participant's disability impact his/her ability to engage in training/employment?
2. What is the desired outcome for the participant's involvement with the marketAbilities Team?
3. Additional Comments:

**Email, fax or mail completed referral form to the FSCA marketAbilities case manager for your community area/region. See marketAbilities Team attachment for complete case manager listing.**