

Employability Assistance for People with Disabilities (EAPD) Application for Services

EAPD provides a wide range of employment related supports, services, and training primarily for unemployed adults who have a disability.

Basic Eligibility Criteria:

- Be 16 years of age or older
- Be willing to prepare for, obtain, and maintain employment
- Be living with a formally diagnosed **intellectual, psychiatric, and/or learning** disability

People living with other types of formally diagnosed disabilities can access services from the following agencies:

Physical Disabilities including the Deaf or Hard of Hearing

Manitoba Possible
825 Sherbrook Street
Winnipeg, MB R3A 1M5
Phone: 204-975-3010
Toll-free: 1-866-282-8041
TTY Deaf Access: 204-975-3012
TTY Toll-free: 1-800-225-9108
TTY Deaf Services: 204-975-3083
Fax: 204-975-3073

Vision-related Disability

Vision Loss Rehabilitation Manitoba
1080 Portage Avenue
Winnipeg, MB R3G 3M3
Phone: 204-774-5421
Toll-free: 1-800-552-4893
Fax: 204-775-5090

Spinal Cord Injury

Spinal Cord Injury Manitoba Inc. (SCI Manitoba)
825 Sherbrook Street
Winnipeg, MB R3A 1M5
Phone: 204-786-4753
Toll-free: 1-800-720-4933
Fax: 204-786-1140

Please ensure that the following are included with the application:

- Current professional reports or assessments (within five years) from psychologists or psychiatrists
- Signed privacy notice and consent form
- Social insurance number

If previously involved with the program and services were terminated or the individual withdrew from services, they must have addressed the issues that resulted in the initial closure in order to be considered for the re-opening.

Completed applications may be sent to:

Employability Assistance for People with Disabilities
Provincial Services Branch
260-800 Portage Avenue
Winnipeg, MB R3G 0N4
Fax: 204-945-5726
EAPD@gov.mb.ca

Incomplete applications will be returned to the applicant or referral source for completion.

PRIVACY NOTICE AND CONSENT FORM

Training and Employment Services (TES), within Government of Manitoba's Department of Economic Development, Investment, Trade and Natural Resources works with employers, service providers, educational institutions, municipal, provincial and federal government departments, and agencies to provide a broad range of training and employment services to eligible participants ("services").

PRIVACY NOTICE

SECTION 1: WHY TES NEEDS TO COLLECT AND USE YOUR INFORMATION ("PURPOSES")

TES needs to collect and use your personal information and personal health information, if applicable, for the following purposes:

- to determine and verify if you are eligible to participate in TES services,
- to assess your training and employment needs,
- to monitor and record your enrolment, participation and progress in TES services,
- to administer and advertise TES services,
- to identify and direct you to appropriate TES services, and
- for research and planning, reporting, monitoring, evaluation and accountability purposes.

SECTION 2: OUR LEGAL AUTHORITY TO COLLECT YOUR INFORMATION

Your personal information and personal health information, if applicable, is necessary to provide you with TES services, and to carry out the activities of TES. Your personal information is collected under the authority of clause 36(1)(b) of The Freedom of Information and Protection of Privacy Act of Manitoba (FIPPA) and your personal health information, if applicable, is collected under the authority of subsection 13(1) of The Personal Health Information Act of Manitoba (PHIA). TES limits the personal information and personal health information it collects about you to the minimum amount necessary for the purposes described in section 1.

Your personal information is protected by FIPPA and your personal health information is protected by PHIA. TES cannot use or disclose your information for other purposes unless you consent or we are authorized to do so by FIPPA or PHIA.

SECTION 3: WHOM DO I CONTACT IF I HAVE QUESTIONS?

If you have any questions about the collection, use or disclosure of your personal information and personal health information, if applicable, please contact TES at (204) 945-0575 or toll free at 1-866-332-5077.

CONSENTS

In entering your personal information and personal health information, if applicable, into TES's case management system, or authorizing TES, a service provider working for TES, or another person to do so for you, you are consenting

to TES's collection, use and disclosure of your personal information and personal health information, if applicable, as outlined in this document.

SECTION 4: INFORMATION I AGREE TO PROVIDE TO TES

I agree to provide TES with the following personal information and personal health information, if applicable, about me. I understand that this information is necessary for me to participate in TES services and to carry out the purposes described above in section 1:

- social insurance number,
- full name, telephone number, address, e-mail address,
- birth date, gender identity,
- education, job skills, experience and credentials,
- health conditions or disabilities that might affect my training or employment,
- details about my progress in TES services,
- training or employment testing and reports,
- employment status: employed/self employed/not employed,
- employment plans, work experience, availability,
- Indigenous person,
- person with disabilities,
- member of a visible minority,
- immigrant/refugee,
- marital status, dependents
- follow-up information after completion of TES services, including satisfaction with services received, employment status, whether TES services prepared me for future employment, credentials or certifications achieved through TES services, and my earnings.

I agree to provide TES with any changes to my personal information and personal health information in a timely manner.

SECTION 5: CONSENT TO TES OBTAINING INFORMATION ABOUT ME FROM OTHER SOURCES

I consent to TES collecting the following personal information and personal health information, if applicable, about me for the purposes described in section 1 from the persons and bodies listed below and consent to TES providing such information about me as may be necessary to obtain the information TES requires, and I consent to the persons and bodies disclosing the information to TES:

- social insurance number
- full name, telephone number and address,
- e-mail address,
- birth date,
- gender identity,
- details about my progress in TES services,
- employment testing and reports,
- medical reports related to employment,
- EI eligibility status, EI client status, EI claim information,
- language (English or French),
- provincial parental benefits,
- interventions
- indigenous person,
- person with disabilities,
- member of a visible minority,

Persons or bodies:

- any organization, agency or entity that has provided or is providing me with work experience, training or employment related services under contract with TES,
- my schools and educational and training institutions, and
- any Manitoba (MB) government department or agency, or federal government department or agency, that has provided or is providing me with services or assistance, including: Employment and Social Development Canada; Service Canada; MB Health, Seniors and Long-Term Care; MB Housing, Addictions and Homelessness; MB Advanced Education and Training; MB Education and Early Childhood Learning; MB Families; MB Justice; MB Municipal and Northern Relations; MB Indigenous Economic Development; and MB Crown Services.

SECTION 6: CONSENT TO TES DISCLOSING MY INFORMATION

I consent to TES disclosing my personal information and personal health information, if applicable, to the following persons and bodies to the extent they need to know the information to carry out the purposes listed above in section 1:

- Employment and Social Development Canada; Service Canada; MB Health, Seniors and Long-Term Care; MB Housing, Addictions and Homelessness; MB Advanced Education and Training; MB Education and Early Childhood Learning; MB Families; MB Justice; MB Municipal and Northern Relations; MB Indigenous Economic Development; and MB Crown Services,
- any organization, agency or entity that has provided or is providing me with work experience, training or employment related services, assistance or support under contract with TES,
- service providers under contract with TES to assess your training and employment needs and record your enrolment in TES services, and
- consultants under contract with TES to conduct research and evaluation of TES services.

SECTION 7: HOW LONG DOES MY CONSENT LAST?

I understand that the consents I have given will not be limited by time.

SECTION 8: CAN I WITHDRAW MY CONSENT?

I understand that I may withdraw my consent at any time by contacting TES in writing. However, I also understand that a withdrawal is not retroactive, and if I withdraw my consent, I will no longer be eligible to receive TES services.

Client Signature

Date (yyyy/mm/dd)

Signature of Authorized Representative,
Parent/Guardian if applicable

Date (yyyy/mm/dd)

Psychiatrist Name: _____

Psychiatrist Phone (xxx-xxx-xxxx): _____

Psychiatrist Address: _____

Other Specialist Name: _____

Other Specialist Phone (xxx-xxx-xxxx): _____

Other Specialist Address: _____

Other medical concerns: _____

Education

Are you currently in high school? Yes No

If yes, expected date of completion (yyyy/mm): _____

Resource/Learning Support Teacher (if applicable):

Name: _____

Phone (xxx-xxx-xxxx): _____

School: _____ E-mail: _____

Highest grade/level of education completed: _____ Year completed: _____

Referral Source

Name of person submitting this application if not the applicant: _____

Name of agency/school, if applicable: _____

Address (including postal code): _____

Phone number (xxx-xxx-xxxx): _____

E-mail: _____

Please describe the reasons for the referral and the types of services this individual may require to be successful in obtaining and maintaining competitive and paid employment.

Please identify any other programs, supports, or agencies involved:

Children's disability Services (CDS)

Contact Name: _____

Phone (xxx-xxx-xxxx) : _____ E-mail: _____

Community Living disABILITY Services (CLDS)

Contact Name: _____

Phone (xxx-xxx-xxxx): _____ E-mail: _____

Training and Employment Services (TES)

Contact Name: _____

Phone (xxx-xxx-xxxx): _____ E-mail: _____

Employment and Income Assistance (EIA)

Contact Name: _____

Phone (xxx-xxx-xxxx): _____ E-mail: _____

Community Mental Health (GMH)

Contact Name: _____

Phone (xxx-xxx-xxxx): _____ E-mail: _____

Other: _____

Contact Name: _____

Phone (xxx-xxx-xxxx): _____ E-mail: _____

Employment Readiness (this section to be completed by the applicant)

Employability

Are you ready to pursue competitive, paid employment of at least 15 hours per week?

Yes No

Please describe your employment goals:

Please describe the supports you may require in order to be successful in competitive and paid employment:

Please describe any challenges/barriers you have that would prevent you from participating in work or training:

Please describe areas of interest, hobbies, and community involvement:

Transportation

Do you have a valid driver's license? Yes No

Are you able to use public transportation independently? Yes No

What is your primary mode of transportation?

Private vehicle

Public transportation

Other, please describe: _____

Work Experience

This may include paid employment, work placements (unpaid work) and volunteer activities.

No work experience to date

Position #1

Job title: _____

Employer: _____

Salary: _____

Average hours per week: _____

Start Date (yyyy/mm/dd): _____

End Date (yyyy/mm/dd): _____

Reason for leaving (choose one and if applicable):

Laid off

Relocated

Term ended

Fired

Quit

Another job

Maternity/parental
reason

Seasonal

Other

Medical

Position #2

Job title: _____

Employer: _____

Salary: _____

Average hours per week: _____

Start Date (yyyy/mm/dd): _____

End Date (yyyy/mm/dd): _____

Reason for leaving (choose one and if applicable):

Laid off

Relocated

Term ended

Fired

Quit

Another job

Maternity/parental
reason

Seasonal

Other

Medical

Position #3

Job title: _____

Employer: _____

Salary: _____

Average hours per week: _____

Start Date (yyyy/mm/dd): _____

End Date (yyyy/mm/dd): _____

Reason for leaving (choose one and if applicable):

Laid off

Relocated

Term ended

Fired

Quit

Another job

Maternity/parental
reason

Seasonal

Other

Medical