



Service Provider Participant Intake Form

To be completed by Service Provider:

Project Information

File No _____

Service Provider Name: _____

Project Name: _____ Service Provider ETS-ICM Case #: _____

Participant Start Date: _____ Projected End Date: _____
(yyyy/mm/dd) (yyyy/mm/dd)

Participant Identification

Social Insurance Number: _____

Name: _____
(last name) (first name) (middle name)

Date of Birth: _____ Gender Identity: Female Male Another Not Declared
(yyyy/mm/dd)

Preferred Language: English French Other Language of Service: English French

Who recommended that you contact this agency? (Referral Source):

- | | |
|---|--|
| <input type="checkbox"/> Apprenticeship Manitoba | <input type="checkbox"/> EI Insert |
| <input type="checkbox"/> Centre for Aboriginal Human Resource Development (CAHRD) | <input type="checkbox"/> EI walk-in or referral |
| <input type="checkbox"/> Community Agency | <input type="checkbox"/> Internet |
| <input type="checkbox"/> EAS Service Provider | <input type="checkbox"/> Newspaper Advertisement |
| <input type="checkbox"/> Training and Employment Services | <input type="checkbox"/> Provincial Assistance |
| <input type="checkbox"/> Training and Employment Services Poster | <input type="checkbox"/> Self |
| <input type="checkbox"/> Employment Partnership Service Provider | <input type="checkbox"/> Training Institution |
| <input type="checkbox"/> Indigenous Organization | <input type="checkbox"/> MarketAbilities |
| <input type="checkbox"/> Gov't Assisted Refugee/Labour & Immigration | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Family/Friend | |

Primary Contact Information

Send mail to primary address

If your address requires additional information such as a c/o line, site compartment, lot concession, etc. Please enter in the box below.

Residential Address: Apt. # _____ Street Address: _____

Delivery Address: (e.g. Box or R.R.): _____

City/Town: _____ Postal Code: _____

Telephone Number: _____ Alternate Number: _____

E-Mail Address: _____

Alternate Contact Information

Send mail to alternate address

If your address requires additional information such as a c/o line, site compartment, lot concession, etc. Please enter in the box below.

Residential Address: Apt. # _____ Street Address: _____

Delivery Address: (e.g. Box or R.R.): _____

City/Town: _____ Postal Code: _____

Telephone Number: _____ Alternate Number: _____

E-Mail Address: _____

Demographic Information

Employment Status at Intake: Employed Not Employed – Unemployed Self-Employed

Wage / Salary / Commission: _____ Hours Per week: _____

Payment Frequency: Per Hour Per Day Per Week Biweekly Per Month Per Year

Education: _____ Year Education Completed: _____
Highest Level of Education Completed

Receiving Employment Insurance Benefits: No Not Declared Unknown Yes
Are you currently receiving EI benefits?

Receiving Income Assistance Benefits: No Not Declared Unknown Yes
Are you currently receiving Provincial (EIA) or Band income assistance benefits?

Income Assistance Source: Band Not Declared Provincial Other

Income Assistance Status: Active Non Active Not Declared

Indigenous Status: Not Declared Inuit Métis Non-status None Status – Off Reserve
 Status – On Reserve

Marital Status: Single Married or equivalent Not Declared

Dependents: Yes No Not Declared

Number of Dependents: _____

Disability: Yes No Not Declared

Visible Minority: Yes No Not Declared

Immigrant/Refugee: Yes No Not Declared Landing Date: _____
Year only