# Technology@Work

# Supporting employment for people with disabilities

# **CLIENT INTAKE APPLICATION FORM**

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The Technology@Work Program is designed to support employment for people with disabilities in British Columbia who require Assistive Technology to overcome disability-related barriers in the workplace.

To start the process, please fill out the following information to the best of your ability. Please remember to read all eight pages of the document, and sign the acknowledgement section on Page 6. You will then be contacted by a member of the Technology@Work program to confirm your eligibility for this program.

If you are a screen reader user, we suggest using your cursor arrows to navigate the remainder of the document, and also to use your Space Bar to check appropriate Check Boxes.

If you have difficulties filling out this form, please contact Technology@Work.

### Privacy and Access to Information

The Technology@Work Program is provided by the Ministry of Social Development and Social Innovation (SDSI) in collaboration with the Ministry of Jobs, Tourism and Skills Training (JTST). Neil Squire Society is contracted by SDSI to provide Technology@Work services. Your personal information is collected on this form under the authority of Section 26(c) of the Freedom of Information and Protection of Privacy Act (FOIPPA) and will be used to administer the Technology@Work program. Under the authority of Section 33.1(d) of FOIPPA, the personal information collected may also be disclosed to JTST. If you have any specific questions concerning the collection, use or disclosure of personal information, please contact:

Technology@Work

240-2250 Boundary Road Burnaby, BC, V5M 3Z3 Telephone 778.945.1211 Toll Free phone number 1.844.453.5506 Email: <u>technologyatwork@neilsquire.ca</u>



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| Please mark the box beside the statements that apply to you. Please refer to the definitions at the end   |
|---|
| of the application for examples. To be eligible, you need to meet <u>all</u> of these criteria:   |
| I am employed, am volunteering, am self-employed or have Imminent Work  |
| I have a disability related barrier in my workplace, volunteer setting or in travelling to and from<br>the workplace and Assistive Technology is needed to address these barriers |
| I live in British Columbia  |
| I am 16 years of age or older   |
| I am permitted to work in Canada  |
| I am not actively case managed by a WorkBC Employment Services Centre or a WorkBC Employment Services Centre service provider   |
| I do not work for a Public Sector Organization (see definition at end of application for examples)  |

If you meet **all** of these criteria, please continue to the next section. If not, please contact

Technology@Work and we can help to direct you to another community organization:

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| INTERNA        | L USE ONLY      |
|----------------|-----------------|
|                |                 |
| Date Received: | Staff Initials: |
| Accept:        | Deny:           |
|                |                 |





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\*\*Please see the definitions at the end of this application for explanation of key terms

|  | CLIENT INFORMATIO                            | N                    |  |
|--|--|----------------------|--|
| ○ Male ○ Female ○ Other  | Date Form Completed (DD                      | /MM/YYYY):           |  |
| Legal First Name:  | Legal Last I                                 | Name:                |  |
| Preferred First Name:  |  |                      |  |
| Address:   | City:  | Province:            | Postal Code:   |
| Phone:   | Cell:  | Email:               |  |
| Date of Birth (DD/MM/YYYY):<br>Region Uancouver Island/Coast       | Mainland/Southwest                           | ]Thompson/Okanagan [ | Kootenay Cariboo   |
| Language Spoken: 🗌 English 📗 Fro                                   |  |                      |  |
| Language Written: 🗌 English 📋 Fre                                  | ench 🔲 Other, please spec                    | cify:                |  |
| Do you require interpreting/captionin                              | -  | ⊖ Ye                 | es 🔿 No  |
| Do any of the following apply to you:                              |  |                      |  |
| Person with Disability OYes ONo                                    | Aboriginal 🔿 Ye                              | s 🔿 No Immigr        | ant 🔿 Yes 🔿 No   |
| If yes, do you have Persons with Disat<br>(PWD) designation Yes No | ilities If yes,<br>Metis<br>Inuit<br>On-rese | erve                 | <ul> <li>Canadian Citizen</li> <li>Permanent Resident</li> <li>Protected Person</li> <li>ars in Canada:</li> </ul> |
| Employment Insurance Status  |  |                      |  |
| Current El Claimant  |  |                      | ⊖Yes ⊖No   |
| Former El Claimant   |  |                      | ⊖Yes ⊖No   |
| El Maternity/Paternity Claimant                                    |  |                      | ⊖Yes ⊖No   |
| Non El Claimant  |  |                      | ∩Yes ∩No   |
| Other Insurance Benefits   |  |                      |  |
| ICBC or WorkSafeBC   |  |                      | ∩Yes ∩No   |
| Income assistance  |  |                      | ⊖Yes ⊖No   |
| Extended health benefits   |  |                      | ∩Yes ∩No   |
| Veterans Affairs   |  |                      | ⊖Yes ⊖No   |
| Canada Pension Plan Disability Benefi                              | ts   |                      | ⊖Yes ⊖No   |
| Long or short term disability benefits                             |  |                      | ⊖Yes ⊖No   |





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|--|------------------------|
| How did you hear about us :  |                        |
| Advertisement Government Agency Walk-In  | Brochures & Posters    |
| Work BC Word of Mouth Community Agency   | Other                  |
| If Other, please provide details:  |                        |
| If you were referred, please provide us with the individual/organization`s contact info                      | rmation:               |
| Referral Agency:   |                        |
| Contact Person:  |                        |
| Phone: Email:  |                        |
| Are you currently registered or receiving services from another service provider/agency                      | ?                      |
| ○ Yes ○ No If yes, provide details:  |                        |
| Highest Level of Education Completed: Year Highest Level Comple  | ted :                  |
| Less than high school High School  |                        |
| Post-secondary complete     Some post secondary  |                        |
| Trades certificate or diploma Diploma/Certificate  |                        |
| University degree complete   |                        |
| Current employment status:   |                        |
| Employed Unemployed Self Employed  | Imminent Work          |
| In education/training Volunteer Not in the labour force  |                        |
| Employment/Volunteer Information :   |                        |
| Name of your job/volunteer positions(s) :  |                        |
| Name(s) of employment/volunteer organization(s):   |                        |
| Length of time in current position(s):   |                        |
| Average number of hours worked per week: 🔲 Full-time (30 hrs+) 🗌 Part-time (                                 | (less than 30 hrs)     |
| Employment Type:  Permanent  Seasonal  Temporary   | Casual                 |
| Hourly income/expected hourly income (Gross wage/salary, before taxes and deduction                          | s, including tips and  |
| commission):   |                        |
| Employer/Volunteer Manager contact information:  |                        |
| Please note: Technology@Work staff will be contacting your employer for verification<br>have provided above. | of the information you |
| Manager (if applicable):   |                        |
| Address: City: Province:   | Postal Code:           |
| Phone: Cell: Email:  |                        |
| Canada Columbia  |                        |

S O C I E T Y

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1. Please tell us more about your current job / volunteer position and what daily tasks you are having difficulty completing as a result of your disability related barrier (750 Characters Maximum):

2. Please describe the Assistive Technology equipment and supports that you think will improve your ability to carry out these tasks (750 Characters Maximum):

#### INTERNAL USE ONLY

NOC Code:





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#### ACKNOWLEDGEMENT

| By signing below you acknow  | -   | at all information I have provided is complet |
|--|---|---|
| accurate.  | questions on this form and certify the  |   |
|  |   |   |
| Х  | X   | x   |
| Participant's Name   | Participant's Signature   | Date (DD/MM/YYYY)                             |
| Witness' signature required i  | if participant is unable to sign.   |   |
|  |   |   |
| X  | X   | X   |
| Witness' Name  | Witness' Signature  | Date (DD/MM/YYYY)                             |
| Parent/Guardian's signature  | is required if the signee if under nine   | teen years of age.                            |
|  |   |   |
| X  | X   | X   |
|  |   |   |
| Guardian's Name  | Guardian's Signature  | Date (DD/MM/YYYY)                             |
| Please return this form using<br>E-mail: technologyatwork<br>Fax: 604-629-1761<br>Mail or Drop Off: Technology<br>c/o Neil Sq<br>240-2250 E  | ble to serve Individuals in <u>all</u> regions<br>g <u>one</u> of the following methods:<br>@neilsquire.ca<br>y@Work Program<br>juire Society<br>Boundary Road              |   |
| Technology@Work is availal<br>Please return this form using<br>E-mail: <u>technologyatwork</u><br>Fax: 604-629-1761<br>Mail or Drop Off: Technology<br>c/o Neil Sq                             | ble to serve Individuals in <u>all</u> regions<br>g <u>one</u> of the following methods:<br>@neilsquire.ca<br>y@Work Program<br>juire Society<br>Boundary Road              |   |
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#### **Definitions:**

**Casual:** if the employee's work hours vary substantially from one week to the next, if the employee is called to work by the employer when the need arises and not on a pre-arranged schedule, or if the employee does not usually get paid for time not worked and there is no indication from the employer about work on a regular basis for a long duration.

**Current El Claimant:** person who is an active Employment Insurance (EI) claimant (i.e. receives employment insurance benefits)

**EI Maternity/Paternity or Medical Claimant:** person who maternity or parental benefits or medical benefits has been established within 60 preceding months (5 years)

**Employed:** Employed persons are those who work at a job or business, that is, who have paid work in the context of an employer-employee relationship (not including self-employment). This includes those who have a job, but are not at work due to factors such as own illness or disability, personal or family responsibilities, vacation, labour dispute or other reasons (excluding persons on layoff, between casual jobs, and those with a job to start at a future date).

**First Nations:** Officially called Indians in the Indian Act, this term refers to the indigenous peoples of North America located in what is now Canada, and their descendants, who are not Inuit or Métis.

Former El Claimant: person who has had an El claim in the last 36 months (3 years)

High School: Persons who have completed a high school diploma or equivalent (e.g. General Equivalency Diploma).

**Immigrants:** Persons who were foreign born and have been permitted by immigration authorities to live in Canada permanently.

Imminent Work: I am starting work in the next 3 months with a pre-determined employer and work site

**In education/training:** If a person was not in the labour force but was in education/training this group would not be captured in not in the labour force. This category is used to capture those who went from another education or training program and into a program under the CEGEP. This would also be used for those who complete a CEGEP program and move on to further education and training.

Inuit: The Inuit are the Aboriginal inhabitants of the North American Arctic.

Less than High School: Persons not recognized as having completed a high school diploma or recognized equivalent and who do not have diplomas or certificates recognized in the BC labour market.

**Métis:** Métis means a person who self-identifies as Métis, is of historic Métis Nation Ancestry and is accepted by the Métis Nation. Métis people identify themselves, and are recognized, as distinct from First Nations (Indian), Inuit or European descendants.

Non El Claimant: person who is not eligible currently for El Benefits and who is not a former claimant

**Non university certificate or diploma such as a trades certificate:** Persons who have a non university certificate or diploma from a community college, school of nursing, etc. or a trades certificate or diploma from a vocational or apprenticeship training.





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**Not in the labour force:** Persons not in the labour force are those who, prior to the intervention, were unwilling or unable, that is, they were neither employed nor unemployed. This category also includes discouraged workers, who want to work but are not currently looking for work because they believe no suitable work is available.

**Permanent:** is employment that is expected to last as long as the employee wants the job and as long as business conditions permit.

**Persons with Disabilities:** Persons who have difficulty with daily living activities or have a physical condition or other health problem that reduces the kind or amount of activities they can do.

**Public Sector Organization:** any British Columbia Government Entity or any ministry, department, corporation, organization or agency, operated or controlled by the government of Canada or by any local government as that term is defined in the Local Government Act (BC).

**Seasonal:** is if the employee is working in an industry where employment levels rise or fall with the seasons (e.g., agriculture, fishing, logging and tourism).

**Self-employed:** Self-employed persons are working owners of an incorporated or unincorporated business, farm or professional practice, with or without paid help. The "unincorporated" group includes self-employed workers who do not own a business (such as babysitters and newspaper carriers).

Some Post Secondary Education: Persons who have some post secondary (i.e. post secondary program incomplete).

Temporary: employment has a predetermined end date or will end as soon as a specific project is completed.

**Unemployed:** This category includes those who (a) are on temporary layoff with an expectation of recall and are available for work, or (b) are without work, have actively looked for work in the past four weeks, and are available for work, or (c) have a new job to start within four weeks from reference week, and are available for work.

University degree : Bachelor's Degree: Persons who have completed university and hold a bachelor's degree.

**Volunteer:** If a person was not in the labour force, but was working with (or will be imminently working with) a volunteer organization.



