



For office use only
ERS ID:

OGIMAAWABIITONG LIFE SKILLS – INTAKE FORM

APPLICANT

Last Name	First Name	Alt Name
Date of Birth (dd/mm/yy)	Phone # & Email	Community

CURRENT ADDRESS/MAILING ADDRESS

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CLIENT TYPE

<input type="checkbox"/> OW	<input type="checkbox"/> Parent w/ Child in Care
<input type="checkbox"/> ODSP	<input type="checkbox"/> Other : _____

WORK IN THE PAST 5 YEARS

<input type="checkbox"/> No Paid Work	<input type="checkbox"/> Less than 1 year
<input type="checkbox"/> Part Time/Seasonal	<input type="checkbox"/> 1 + Years Fulltime

TIME UNEMPLOYED

<input type="checkbox"/> 0-12 Months	<input type="checkbox"/> 3-5 Years
<input type="checkbox"/> 1- 3 Years	<input type="checkbox"/> 5 + Years

HIGHEST EDUCATION

<input type="checkbox"/> Less than Grade 12	<input type="checkbox"/> Some Post-Secondary
<input type="checkbox"/> Highschool / GED	<input type="checkbox"/> Post Secondary Degree/Cert

FAMILY

<input type="checkbox"/> Couple with Dependents	<input type="checkbox"/> Single with Dependents
<input type="checkbox"/> Couple with NO Dependents	<input type="checkbox"/> Single with NO Dependants

HOUSING

<input type="checkbox"/> Sleeping rough	<input type="checkbox"/> Overcrowded
<input type="checkbox"/> Emergency Shelter	<input type="checkbox"/> Unstable Housing
<input type="checkbox"/> Stable Housing	

ADDITIONAL INFORMATION (TRAINING / CERTIFICATES / VOLUNTEER)

REFERRING AGENCY

AGENCY:

CASEWORKER:

PHONE:

FAX:

EMAIL:

REP SIGNATURE:

DATE OF CONTACT:

I, the undersigned consent to the exchange of information about myself, attendance and progress with the Life Skills Program.

Participant

Date

MEDIA CONSENT

I, the undersigned, give consent to the Kenora Chiefs Advisory (KCA) to use and publish any videos, pictures, or audio captured of my likeness during the course of the program for promotional purposes on KCA's website, social media accounts, newsletters, brochures/promotional material, and/or program presentations. By signing this document, I expressly grant permission to Kenora Chiefs Advisory to utilize any video, photo, or audio recordings of my likeness without prior notice or my express approval. I further understand that I will NOT be informed in advance of each occasion that my video, photo, or audio likeness is used as described above. I have read and understand the contents of this consent form.

Participant

Date

CONFIDENTIALITY

I, the undersigned hereby agree to keep Confidential all information I may hear, see or come to know as a result of my participation in the Life Skills Program. This includes, but is not limited to:

- Knowledge about who is a client at this Organization.
- Personal information about Clients.
- Privileged information about Staff.
- Privileged information about the working and plans of the Organization.

This oath of confidentiality remains in effect even after my participation of the Life Skills Program. I have been made aware that I can face legal action for violation.

Participant

Date

I agree to release Ogimaawabiitong Kenora Chiefs Advisory, its Board members, and employees from all liability associated with activities while attending the Life Skills Program. Further, Ogimaawabiitong Kenora Chiefs Advisory does not provide any accidental death, disability, dismemberment, or medical expenses insurance on behalf of participants in the Life Skills Program.

APPLICANT SIGNATURE

DATE

WITNESS (Print Name)

SIGNATURE