

# PERSONS WHO HAVE PERSISTENT MULTIPLE BARRIERS TO EMPLOYMENT CHECKLIST



Ministry of  
Social Development  
and Poverty Reduction

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## ALL SECTIONS OF THIS FORM MUST BE COMPLETED

First Name	Last Name	SR Number	Case Number
Date (YYYY-MMM-DD)		Personal ID Number	
New Request <input type="checkbox"/> Renewal <input type="checkbox"/> Date of Renewal (YYYY MMM):			
<p>1. Health Professional has verified a health condition that:</p> <p>(a) has continued for at least one year and is likely to continue for at least two years, or</p> <p>(b) has occurred frequently over the past year and is likely to continue for at least the next two years.</p> <p>Yes <input type="checkbox"/>    No <input type="checkbox"/></p>			
<p>2. The health condition identified is a barrier that seriously impedes the person's ability to search for, accept or continue employment:</p> <p>Yes <input type="checkbox"/>    No <input type="checkbox"/></p>			
<p>3. The person has experienced circumstances that result in a barrier that seriously impedes the person's ability to search for, accept or continue in employment. List all barriers to employment that have been identified:</p>			
<input type="checkbox"/> Eligible for PPMB		<input type="checkbox"/> Not Eligible for PPMB	
Explain			
Decision Date (YYYY-MMM-DD)		Review Date (YYYY-MMM-DD)	
PPMB Adjudicator's Name		Signature	