



PERSONS WHO HAVE PERSISTENT MULTIPLE BARRIERS TO EMPLOYMENT CHECKLIST

The personal information requested on this form is collected and used by the Ministry of Social Development and Poverty Reduction pursuant to sections 26(c) and 32(b) of the Freedom of Information and Protection of Privacy Act for the purpose of administering the Employment and Assistance Act. If you have any questions about the collection or use of this information, please contact the Ministry of Social Development and Poverty Reduction at 1-866-866-0800.

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):			
1. Health Professional has verified a health condition that: (a) has continued for at least one year and is likely to continue for at least two years, or (b) has occurred frequently over the past year and is likely to continue for at least the next two years. Yes <input type="checkbox"/> No <input type="checkbox"/>			
2. The health condition identified is a barrier that seriously impedes the person's ability to search for, accept or continue employment: Yes <input type="checkbox"/> No <input type="checkbox"/>			
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:			
<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	