

PERSONS WHO HAVE PERSISTENT MULTIPLE BARRIERS TO EMPLOYMENT CHECKLIST



Ministry of Social Development and Social Innovation

The information requested on this form is collected under the authority of the *Employment and Assistance Act* and will be used solely to determine whether the client qualifies as a person who has persistent multiple barriers to employment. Disclosure of this information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. Questions concerning the collection, use or disclosure of this information should be referred to your local Employment and Assistance Centre.

ALL SECTIONS OF THIS FORM MUST BE COMPLETED

SURNAME	GIVEN NAME	SR NUMBER	CASE NUMBER
SOCIAL INSURANCE NUMBER	PERSONAL ID NUMBER	DATE (YYYY-MMM-DD)	

NEW REQUEST RENEWAL DATE OF REVIEW (YYYY MMM):

1. Time on Assistance: 12 of the last 15 months

2. Score on Employability Screen: _____

3. List all barriers to employment that have been identified:

4. List all interventions available for each barrier to employment on Appendix 1 and attach it to this form when submitting

5. Medical Practitioner has confirmed a medical condition that has continued for at least one year and is

(a) 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.

No Yes

Employment and Assistance Worker:

Attachments

Medical Report (PPMB) (HR2892) Employability Plan / Voluntary Participation Plan

Client Employability Plan Employability Screen (HR2797)

Verification of Income Declared (last 12 months) Other Information: _____

DATE SENT TO PPMB ADJUDICATOR (YYYY-MMM-DD) DATE RECEIVED BY REGIONAL (YYYY-MMM-DD)

PPMB Adjudicator Authorization: Ministry Medical Consultant Consulted? YES (If yes, attach documentation) NO

<input type="checkbox"/> Not Eligible for PPMB	<input type="checkbox"/> Eligible - Medical Condition Precludes Employment	<input type="checkbox"/> Eligible - Medical Condition Seriously Impedes Employment
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Explain

Decision Date (YYYY-MMM-DD) Review Date (YYYY-MMM-DD) (Maximum 2 years)

REGIONAL PPMB ADJUDICATOR'S NAME	SIGNATURE
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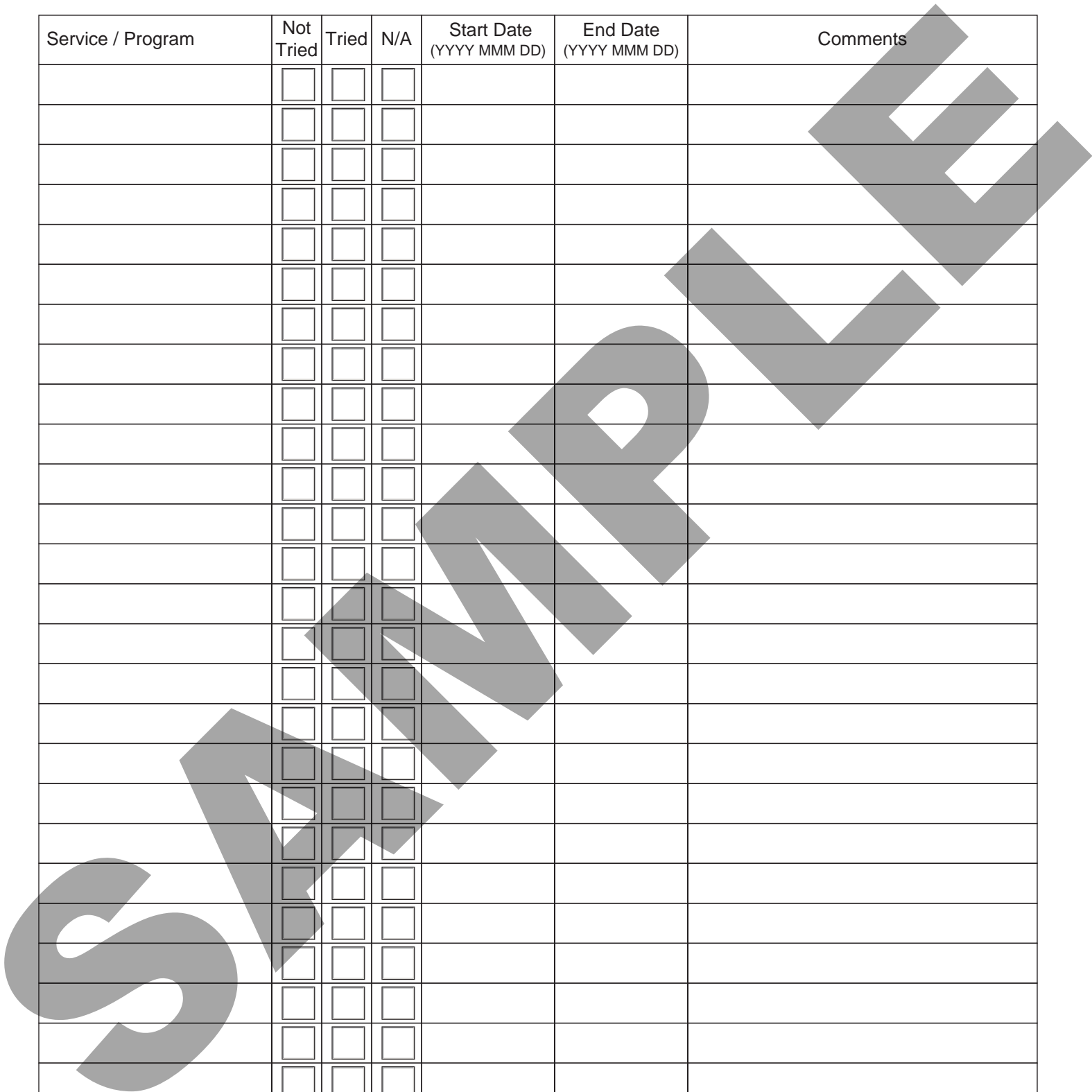
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APPENDIX 1 - Available Interventions

Table with 7 columns: Service / Program, Not Tried, Tried, N/A, Start Date (YYYY MMM DD), End Date (YYYY MMM DD), Comments. The table contains 25 rows of empty cells for data entry.



MINISTRY USE ONLY



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Social Development
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SAMPLE