

**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

First Name	Last Name	SR Number	Case Number
Date (YYYY-MMM-DD)	Social Insurance Number	Personal ID Number	

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.

Yes No

Employment and Assistance Worker:

Attachments

- | | |
|---|--|
| <input type="checkbox"/> Medical Report (PPMB) (HR2892) | <input type="checkbox"/> Employability Plan / Voluntary Participation Plan |
| <input type="checkbox"/> Client Employability Plan | <input type="checkbox"/> Employability Screen (HR2797) |
| <input type="checkbox"/> Verification of Income Declared (last 12 months) | <input type="checkbox"/> Other Information: _____ |

DATE SENT TO PPMB ADJUDICATOR (YYYY-MMM-DD)

DATE RECEIVED (YYYY-MMM-DD)

<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)

PPMB ADJUDICATOR'S NAME

SIGNATURE

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APPENDIX 1 - Available Interventions

Service / Program	Not Tried	Tried	N/A	Start Date (YYYY MMM DD)	End Date (YYYY MMM DD)	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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