



# ISET INTAKE FORM



|                |       |                                |       |
|----------------|-------|--------------------------------|-------|
| <b>NAME</b>    | _____ | <b>SOCIAL INSURANCE NUMBER</b> | _____ |
| <b>ADDRESS</b> | _____ | <b>DATE OF BIRTH</b>           | _____ |

Male \_\_\_\_\_ Female \_\_\_\_\_

|               |
|---------------|
| <b>STATUS</b> |
|---------------|

Treaty #: \_\_\_\_\_

Band: \_\_\_\_\_

|                        |
|------------------------|
| <b>CONTACT NUMBERS</b> |
|------------------------|

Non-Status \_\_\_\_\_ Métis \_\_\_\_\_ Inuit \_\_\_\_\_

Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_

|                           |
|---------------------------|
| <b>FAMILY INFORMATION</b> |
|---------------------------|

Single \_\_\_\_\_ Married/Common Law \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Number of Dependents: \_\_\_\_\_

Ages: \_\_\_\_\_

Are you currently in receipt of EI? No  Yes  If Yes, Start Date: \_\_\_\_\_

Have you worked fulltime over the last 6 months? No  Yes

Have you received EI over the last 3 to 10 years? No  Yes

Are you currently in receipt of Social Assistance? Yes  No  If Yes, Start date \_\_\_\_\_

Do you have any health or disability issues that would have an effect on your employment and/or training? No  Yes  Specify: \_\_\_\_\_

Do you consider yourself a Person with a Disability? No  Yes  Specify: \_\_\_\_\_

Are you taking any medication that would have an affect on your employment and/or training? No  Yes  Specify: \_\_\_\_\_

|                  |
|------------------|
| <b>EDUCATION</b> |
|------------------|

Upgrading Level: \_\_\_\_\_ G.E.D. \_\_\_\_\_

High School: Grade Completed: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
Location: \_\_\_\_\_

Post Secondary: Certificate \_\_\_\_\_ Diploma \_\_\_\_\_ Degree \_\_\_\_\_

Name of Program: \_\_\_\_\_

Location: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Technical (including apprenticeship)

Name of Program: \_\_\_\_\_

Location: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Certificates WHMIS \_\_\_\_\_ Expiry date: \_\_\_\_\_

First Aid / CPR \_\_\_\_\_ Expiry date: \_\_\_\_\_

H2S \_\_\_\_\_ Expiry date: \_\_\_\_\_

Other certificates (specify): \_\_\_\_\_

\_\_\_\_\_

Drivers License: No  Yes  License class: \_\_\_\_\_ Province: \_\_\_\_\_ License #: \_\_\_\_\_

| EMPLOYMENT HISTORY  |                      |                    |                   |                    |
|---|----------------------|--------------------|-------------------|--------------------|
| NOTE - Please provide 2 years worth of employment history |                      |                    |                   |                    |
|   | Most Recent Employer | Second Most Recent | Third Most Recent | Fourth Most Recent |
| Company   |                      |                    |                   |                    |
| Job Title   |                      |                    |                   |                    |
| Start date  |                      |                    |                   |                    |
| End Date  |                      |                    |                   |                    |
| Wages   |                      |                    |                   |                    |
| Reason for leaving  |                      |                    |                   |                    |

**Employment Status**

Employed \_\_\_\_\_ Self-Employed \_\_\_\_\_ Unemployed \_\_\_\_\_ Student \_\_\_\_\_

What type of work are you most qualified for at the present time? 1st Option: \_\_\_\_\_  
2nd Option: \_\_\_\_\_

How long have you been unemployed? \_\_\_\_\_

How long have you been actively seeking work? \_\_\_\_\_

What is your long term career goal? \_\_\_\_\_

**Training Needs**

What are your training/employment needs at the present time? \_\_\_\_\_

Safety Tickets: \_\_\_\_\_

Short Term Courses: \_\_\_\_\_

Trades: \_\_\_\_\_

This written Agreement includes a requirement on the part of the individual to repay the amount of any financial assistance to which the individual is not entitled to. The amounts that the individual is not entitled to include: (i) payments made to the individual in error (ii) payments made in costs in excess of the amount actually incurred by the individual for those costs, and (iii) payments that were used for costs that were not eligible for reimbursement under the agreement with the individual.

A provision stipulating that payment of any financial assistance under this agreement is subject to the availability of the funds provided by Service Canada to the Recipient and that payment of financial assistance may be cancelled or reduced in the event that Canada cancels or reduces its funding to the Recipient.

The information you provide on this form is collected under the authority of the Privacy Act of Canada and the Alberta Freedom of Information and Protection of Privacy Act. Individuals have the right to protection of, and access to, their own personal information. Instructions for obtaining personal information are available by contacting the HRDC Coordinator Western Cree Tribal Council #104, 9802 97 Avenue, Grande Prairie AB, T8V 7K2

The information collected in the WCTC ISET Intake Form will be used to determine the applicant's eligibility for assistance under the ISET Program, and will be provided to Canada to verify the applicant's eligibility of Employment Insurance benefits.

**CLIENT AUTHORIZATION FORM** (to be completed by the client and /or legal representative)

I, the undersigned, have read and understand this form. I acknowledge that the information provided by me is accurate. I authorize Western Cree Tribal Council to collect, verify and supplement the information requested on this form.

|                  |  |
|------------------|--|
| Signature: _____ | Date: ____/____/____<br>Day Month Year |
|------------------|--|

**If signing on behalf of a client:** I am the client's Parent  Guardian  Legal Representative

First name (please print): \_\_\_\_\_ Initial \_\_\_\_\_ Family Name \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Signature: \_\_\_\_\_

**For Office Use Only**

|                          |   |
|--------------------------|---|
| APPROVED: YES ___ No ___ | Approved by: Linda Belcourt - ISET Program Director |
| Date: _____              | Signature: _____                                    |

**ACTION PLAN**

**FOR**

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Start Date: \_\_\_\_\_

The undersigned hereby agree that an Action Plan has been developed by the service organization and the service recipient. Both parties commit to making their best efforts to implement this Action Plan in full.

**Commitment of the Case Manager**

As your Case Manager, I will follow up with you to make sure this plan helps you reach your goal(s).

\_\_\_\_\_  
Joanne Gontar

Date: \_\_\_\_\_

**Commitment of the Client**

I commit to carry out the activities and interventions of my plan. I also authorize an exchange of information on progress between the Service Providers who help me with my action plan and their funders.

\_\_\_\_\_  
Client Signature

Date: \_\_\_\_\_

# ISETS CHECKLIST

- ISETS Application
- Check photo ID (no need to keep on file)
- Proof of Residency (Rental Agreement)
- Employment Confirmation (if necessary)
- Confirmation Letter from Training Institution (if necessary)
- Signed Action Plan
- Assessment
- File Summary Notes
- LMDA Verification
- ARMS Input

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