



Intake Application Form

Name: _____

Home Address: _____

_____ E-mail: _____

Home Telephone: _____ Cell Phone: _____

Emergency Contact:

_____ (Name) _____ (Relationship)

_____ (Phone Numbers)

How did you find out about Focus Ability? If you were referred, please tell us by whom? WorkBC?

Tell us about your education:

Type of School	Name/Location	Degree/area of study	From Month/Year To Month/Year	Graduated
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College/ University				<input type="checkbox"/> Yes <input type="checkbox"/> No
Grad. School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No



Are you a Canadian citizen and have a legal right to work in Canada? (Circle One) Yes No

Tell us about yourself:

1. Job History:

Dates	Employer	Position	Duties	Reason for Leaving
From: To:				
From: To:				
From: To:				

2. Hobbies/Special interests:



3. What is your experience working in your area of interest?

4. Do you have a cell phone?

Do you use email?

Do you use the Internet?

Do you know how to use?

MS Word _____

Comments:

MS Excel _____

MS Powerpoint _____

Open Office _____

5. Why do you want to work with Focus Ability for employment supports?

6. What would be the perfect job for you? Wage job? Own business? Where?



References:

Name	Relationship	Phone	Years Known

What else can you tell us about yourself to help us get to know you better?

What types of supports/assistance do you think you may require working for us?
Please use past experience from school or work. Be as honest and open as possible about what types of supports you require.

Have you been diagnosed with ASD, ADHD, OCD, PDD-NOS, Schizophrenia, or other? If so, when?



Are you collecting PWD funding? (Circle One) Yes No

Do you have an RDSP set up yet? (Circle One) Yes No

Any questions for the Focus Ability team?

Applicant's Signature: _____ Date: _____

* If needed, please use the back of the page or extra pages to continue writing your answers.

Please mail your application with any other documents you feel we should review to:

Focus Ability Community Contribution Company Inc.
WorkAble Solutions Department
PO Box 262
Harrison Hot Springs, BC
V0M 1K0

Or scan and email your documents to

info@focusability.ca