

SIOUX LOOKOUT AREA ABORIGINAL MANAGEMENT BOARD
P.O. Box 56, Sioux Lookout, Ontario P8T 1A1, Tel (807)-737-4047, Toll free 1-800-563-2183
INDIGENOUS SKILLS AND EMPLOYMENT TRAINING PROGRAM

Client Action Plan/Intervention

Client Name: _____ **File #:** _____

Date: _____ **Start Date:** _____

Community: _____ **End Date:** _____

Please check the items that represent client's situation.

<input type="checkbox"/>	Age between 15 and 30 (Youth Programming)
<input type="checkbox"/>	Out of school & how long
<input type="checkbox"/>	First Nation/Aboriginal
<input type="checkbox"/>	Legally entitled to work according to provincial legislation and regulations
<input type="checkbox"/>	Valid Social Insurance Number
<input type="checkbox"/>	Receipt of Employment Insurance (EI) Benefits
<input type="checkbox"/>	Not in receipt of Employment Insurance (EI) Benefits
<input type="checkbox"/>	In need of assistance to overcome employment barriers
<input type="checkbox"/>	Ontario Works/Social Assistance system

If "client is in need of assistance to overcome employment barriers", please indicate:

<input type="checkbox"/>	High school non-completion
<input type="checkbox"/>	Persons with disability and/or health problems
<input type="checkbox"/>	Aboriginal origin ie: race/discrimination
<input type="checkbox"/>	Drug and/or alcohol-related problems
<input type="checkbox"/>	Residing in rural or remote location
<input type="checkbox"/>	Isolation – winter road access and/or by airplane
<input type="checkbox"/>	Single parent/child care
<input type="checkbox"/>	Low levels of literacy and numeracy
<input type="checkbox"/>	Language barriers
<input type="checkbox"/>	Gang involvement
<input type="checkbox"/>	Contact with justice, child welfare or social assistance system
<input type="checkbox"/>	Homeless, or at risk of becoming homeless
<input type="checkbox"/>	Lack of social supports (family, friends or community support)
<input type="checkbox"/>	Poor self-esteem and/or behaviour-management abilities
<input type="checkbox"/>	Requires Identification documents & certificates
<input type="checkbox"/>	Criminal record

<input type="checkbox"/>	Other reasons: Please specify: _____
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Type of contact:

<input type="checkbox"/>	Phone
<input type="checkbox"/>	Walk-in
<input type="checkbox"/>	Responds to ads, posts and internet

Client's Goals/Objectives:

<input type="checkbox"/>	To further education
<input type="checkbox"/>	To enhance job skills
<input type="checkbox"/>	To get into trades (become an Apprentice)
<input type="checkbox"/>	Other:

Action Plan:

<input type="checkbox"/>	Application process
<input type="checkbox"/>	Interview
<input type="checkbox"/>	Hired
<input type="checkbox"/>	Approved for training

Program Type:

<input type="checkbox"/>	Training
<input type="checkbox"/>	Make work
<input type="checkbox"/>	Job Experience

Comments: _____

Assessment Completed by:

Name: _____ **Date:** _____

Project Officer: _____ **Date:** _____

Coordinator: _____ **Date:** _____