Saskatchewan Indian Training Assessment Group Inc.
A Network of First Nation Employment Agencies

First Nation Labour Market Strategy

Local Labour Force Development

The following workbook captures client information related to situation and needs. Case Managers facilitate interviews and planning with a client. The workbook is not handed to a client to be filled out.

Client Workbook

Funded by the Government of Canada

Canada

Social Insurance Number: ..... **Action Plan Number:** .....

PERSONAL INFORMATION

Full Name: (Last) (First) (middle initial) **Date of Birth:** (MM – DD – YYYY)

Phone: **Alternate:** **Cell:** ☐ No Phone

Email:

Address:

City: **Prov:** **Postal Code:**

Aboriginal Group: ☐ Registered Indian ☐ Non–Status Indian ☐ Métis ☐ Inuit

First Nation (Band)**:** **Status/ Band Number:**

Contribution Area:

Marital Status: ☐ Common-law ☐ Divorced ☐ Married ☐ Separated ☐ Single ☐ Widowed

Language: ☐ Indigenous Only ☐ English Only ☐ French Only ☐ Indigenous, French & English ☐ Indigenous & English ☐ Indigenous & French ☐ English & French

Gender: ☐ Male ☐ Female ☐ Unspecified **Disability:** ☐ YES ☐ NO

Client's status at the start of the action plan

Client Status at Intake: ☐ Employed ☐ Unemployed ☐ Student

For Employed Clients: ☐ Full-time ☐ Part-time
Occupation (NOC): _____

Highest level of education received at the start of the action plan – please check only one option

Education Level:

- ☐ No Formal Education
- ☐ Grade 7 – 8
- ☐ Grade 9 – 10
- ☐ Grade 11 – 12
- ☐ Secondary School Diploma or GED
- ☐ Some Post Secondary
- ☐ College Certificate/Diploma
- ☐ Apprenticeship or Trades Certificate/Diploma
- ☐ University Certificate/Diploma
- ☐ University Bachelor Degree
- ☐ University Masters Degree
- ☐ University Doctorate

Province Obtained In:

Dependents and Childcare

# of dependents (under 18 residing in your care): #

Income situation during the previous month

Social Assistance: ☐ N/A ☐ Federal (on-reserve) ☐ Provincial (off-reserve)

Please check **ALL** of the option's that apply

EMPLOYMENT BARRIERS

- ☐ None – No barriers to employment exist
- ☐ Lack of Labour Force Attachment– Client has not been in the job market for over 3 years
- ☐ Lack of Work Experience – Little or no work history
- ☐ Lack of Transportation – No access to any form of transportation to get to employment / counselling
- ☐ Remoteness–Client lives in a remote area with limited access to job market
- ☐ Language – Not fluent in the language required for the job market
- ☐ Education – Client does not have the education required for the job market
- ☐ Economic – Client does not have finances to purchase required job items (uniforms, relocation, etc.)
- ☐ Dependent Care – Limited or no access for childcare or family related care
- ☐ Lack of Marketable Skills – Due to shift in job market, the clients marketable skills become limited
- ☐ Health – Client has a physical or mental health barrier
- ☐ Other – (please list):.....

Notes:

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BASELINE INFORMATION

The baseline information determines the client's attachment to the labour force within the last year. The client's involvement in employment or training in the last 52 weeks is recorded below.

Reference (Current Month): ..... Reference (Previous year): .....

#of weeks paid employment (during the last 52 weeks):		# of weeks of school attendance (during the last 52 weeks):	
Full time employment:	.....	Full time school:	.....
Part time employment:	.....	Part time school:	.....

Current Situation - Please **only** check either option #1, 2, or 3 & then under the option selected choose **all** that apply:

☐ Actively searching for work (within the last month)

- ☐ Checked with job agency
- ☐ Contacted Employers
- ☐ Attended Job interviews
- ☐ Made applications
- ☐ Reviewed job postings
- ☐ Sent out resumes
- ☐ Other

☐ Not available for work

- ☐ Cannot afford clothes, tools, etc
- ☐ Have a disability
- ☐ Struggle with addiction issues
- ☐ Legal issues
- ☐ Health issues
- ☐ Have family responsibilities
- ☐ Other

☐ Would like to work but not searching

- ☐ Do not have a drivers license
- ☐ Do not have child care
- ☐ No transportation
- ☐ Health issues
- ☐ Legal issues
- ☐ There are no jobs available in area
- ☐ Other

Income Sources - Please indicate income sources during **the previous month**:

☐ None	☐ Employment Insurance	☐ Wages from Employment
☐ Disability Insurance	☐ Child Tax Benefit	☐ Alimony / Child support
☐ Provincial Training Allowance	☐ Labour Force Development Training Allowance	
☐ Social Assistance Recipient	☐ Other (list):	

Employment Insurance (i.e. by signing the Consent to Disclose Information form, the client consents to the verification of their employment insurance eligibility)

What is your current situation and history in receiving employment insurance benefits?

☐ Currently receiving Employment Insurance
☐ Received EI in the last 3 years (or 5 years if maternity/paternity leave)
☐ Paid EI premiums in 5 out of 10 years but did not qualify for EI due to lack of hours (i.e. part-time clients, unemployed)

Work Related Information - Please check one option per question:

What is the best job you have ever had? (enter the job and the NOC):

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1. How often do you travel to places outside your local area?

☐ Very seldom ☐ Once every few months ☐ Once a month ☐ Once a week ☐ More than once a week

2. How do you rate your ability to use computers and the internet?

☐ I don't know how ☐ I am a beginner ☐ I am average ☐ I am pretty good ☐ I am an expert

3. How do you rate your overall level of health & fitness?

☐ Very low ☐ Low ☐ Average ☐ High ☐ Very high

4. How high is your interest and ability to learn new skills?

☐ Very low ☐ Low ☐ Average ☐ High ☐ Very high

5. How would you rate the level of support you receive from friends and family?

☐ Very low ☐ Low ☐ Average ☐ High ☐ Very high

Additional Information / Notes:

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Mental Health & Wellness Support

The Mental Health and Wellness service provides support in cognitive and learning challenges. It is important to determine if a client needs more support with their employment or training. If one or more scenarios apply; a referral (i.e. client workbook, career map) should be made to the SIIT-SITAG Mental Health and Wellness service.

☐ Client has had multiple unsuccessful attempts in Education/Training *(2 or more attempts)*

☐ Client has difficulty maintaining a job *(resume gaps, returning client, incomplete activities in TAS registration, economic situation, significant amount of client barriers)*

☐ Client disclosure of diagnosed/un-diagnosed disability

☐ Client received supports while attending school *(Education Assistant, Resource Room, Tutor, classroom accommodations, etc.)*

Notes:

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ACTION PLAN DATES

Action Plan Start Date: _____/_____/_____ MM DD YYYY	Targeted Action Plan End Date: _____/_____/_____ MM DD YYYY	Action Plan Number: _____

ATTACHED FORMS

☐ Client Needs	☐ Job Matching	☐ Career Research