

A.C.T Initiative Referral Form

The following is the eligibility criteria to access the ACT Initiative:

- Person must have confirmed diagnosis of intellectual disability (Documentation of diagnosis by a certified psychologist/medical professional may be requested)
- Person must be between the ages of 15-50
- Reside in York Region

Referral Date: _____

REFERRAL SOURCE

- Self Community Service Provider Health Care Professional
 Family/Friend School/Educational Professional Other

Name: _____ **Phone #:** _____

Organization: _____ **Email:** _____

Reason for Referral (Please provide details):

Name of Person Referred: _____
First **Middle** **Surname**

Date of Birth (D/M/YY): _____ **Gender:** _____

Phone #: _____ **Email:** _____

Primary Diagnosis: _____ **Secondary Diagnosis:** _____

Address: _____ **City/Town:** _____ **Postal Code:** _____

Primary Contact:

Name: _____ Phone #: _____ Email: _____

Relationship to Referred Person: _____

Legal Guardian (if applicable and different from above):

Name: _____ Phone #: _____ Email: _____

Relationship to Referred Person: _____

Do you speak any other languages other than English? Yes No

If yes, what language (s): _____ Read Write

Are you legally allowed to work in Canada? Yes No

How do you usually get to the places you need to go? Drive Get a ride Public Transit Walk/Bike

Do you need any special accommodations at the workplace?

EDUCATION AND TRAINING

	Name of School	Certificate/Diploma Received
High School		
College/University		
Certificates		

WORK INTERESTS

- | | |
|---|---|
| <input type="checkbox"/> Computer work | <input type="checkbox"/> Office work |
| <input type="checkbox"/> Customer service | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Retail jobs | <input type="checkbox"/> Childcare |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Art, Crafts, Music |
| <input type="checkbox"/> Working with animals | <input type="checkbox"/> Volunteering |
| <input type="checkbox"/> Other: _____ | |

Describe any work or volunteer experience?

COMPUTER SKILLS:	JOB SEARCH ASSISTANCE
<p>I am confident in my ability to use:</p> <ul style="list-style-type: none"><input type="checkbox"/> Basic computer interactions (turn on, manage files)<input type="checkbox"/> Internet<input type="checkbox"/> Email (send attachments, email a group of people)<input type="checkbox"/> Microsoft office (Word, Excel, PowerPoint)	<ul style="list-style-type: none"><input type="checkbox"/> Do you have a current resume?<input type="checkbox"/> Do you require assistance with your writing skills?<input type="checkbox"/> Do you need help with learning job search techniques?

Signature of Participant: _____ **Date:** _____

Signature of Legal Guardian or Caregiver: (if applicable) _____ **Date:** _____

Please forward your referral to: social@communitylivingyorksouth.ca

or

Fax: 905-472-5409

Website: www.communitylivingyorksouth.ca