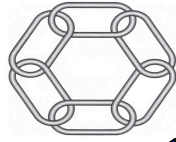


JobLinks



Employment Centre

416-8 Street South Lethbridge, AB T1J 2J7
Phone: (403)317-4550 Fax: (403)317-4552
joblinks@rehab.ab.ca

To Be Completed By Your DOCTOR or MENTAL HEALTH THERAPIST.

JobLinks Employment Service matches people with a medical condition and/or disability with meaningful employment opportunities in our community. We ask for your assistance in achieving this goal by taking a few minutes to answer the following:

Name of Individual: _____

How long have you known this individual? _____

What is the individual's disability/medical concern? _____

Is the individual able to work at this time? **YES** **NO** (please circle)

If no, please indicate your best estimate of how long this individual may need before starting employment (i.e. weeks, a month or longer)

What type of service is this individual best suited for: Please check all that apply

- Get Set:** life skill development, career planning assistance, community referrals (mental health, food bank, Lethbridge housing, etc.)
- Workshops:** various 2 hour information sessions on finding and keeping a job
- Volunteer Work/Work Experience:** suitable for individuals needing job skill development and currently not ready for part time employment; would benefit from job "try out" prior to employment
- AISH Recipients:** able to work 5 hours to _____ hours per week (fill in the blank) in competitive employment with minimal job coach support
- Part-time Employment:** can work **3-15 hours** in competitive employment with minimal job coach support
- Part-time Employment:** can work **15-30 hours** in competitive employment with minimal job coach support
- Part-time Leading to Full-time Employment:** can work a **minimum of 15 hours** per week, building to 30 or more hours per week
- Full-time Employment:** can work **30 or more hours** per week with minimal job coach support

Do you know of any restrictions in mobility the individual has or accommodations they may require to be successful in a work environment? (i.e. cannot work shift work or lifting restrictions) _____

Additional Comments: _____

Your signature: _____ Date: _____

Name: _____

Please print

Date Individual Last Seen: _____

We thank you for your time and assistance in helping us best serve this individual.