



LakeCity Referral Form

386 Windmill Road, Dartmouth, NS, B3A 1J5
Phone: 902-465-5000 Fax: (902) 465-5009
referral@lakecityworks.ca
www.lakecityworks.com/employment

LakeCity Employment offers free services to persons 19 years of age and older living with mental illness. Individuals motivated to succeed receive support to gain access to employment, work readiness, volunteering, and education exploration. We can provide assistance in navigating community programs and services. We specialize in bridging the gap between mental health services, employment, and education pursuits. We are committed to empower people to be themselves and thrive.

First Name: _____ Last Name: _____

Address: _____

Apartment#: _____ City: _____ Postal Code: _____

Phone: _____ Email: _____

Birthdate: Year _____ Month _____ Day _____ Gender: Male Female Other

Education (highest level completed): _____

Have you obtained paid employment within the last 5 years? Yes No

Have you ever been a client of LakeCity in the past? Yes No

Have you been fully vaccinated (2 doses) against COVID-19? Yes No

Referring Agency (if applicable): _____ Referring Agent: _____

Referring Phone: _____ Referring Email: _____

Income Source:

Employment Support and Income Assistance DSP (Disability Support Program) Employment
 Employment Insurance Canada Pension Plan-Disability None Other: _____

Income Assistance Caseworker: _____ Phone: _____

Are you connected to Employment Support Services (ESS)? Yes No

ESS Caseworker: _____ Phone: _____

What service(s) would help you in finding/keeping employment? (Check all that apply)

Job Search Strategies Paid Employment Support in keeping a Job Navigation
 Work Readiness Education Exploration Resume Writing Volunteering Other

If other, please list: _____

Do you identify as currently having a mental illness? Yes No

If yes, please describe: _____

Are you connected with mental health services? Yes No

Please list some symptoms you may be currently experiencing.

Has your mental illness affected your ability to work? Yes No If yes, please explain below.

Legal History: No criminal record I have a criminal record

Currently have: Charges Pending On Parole On Probation Current Conditions

Please explain the nature of the offences and conditions: _____

Record of Charges and Convictions in past: _____

Do you have any additional barriers? Yes No

Physical Disability Visual Disability Intellectual Disability Hearing Impairment

Speech Impairment Other: _____

If yes, how do these additional barriers affect your ability to work?

Please indicate if you are receiving support from the following:

Psychiatrist: Yes No

Community Support: Yes No

Family Doctor: Yes No

Other Employment Agency: Yes No

If this referral has been completed for you, please sign this Release of Information section:

I agree to be referred to the services being offered by LakeCity Employment Services Association. I agree that the agency making the referral can release information from my file that is relevant to my employability. *** Please note that your SIN will be required at the first appointment.*

Signature: _____ Date: _____

(Send completed form via E-mail to referral@lakecityworks.ca or by fax to Employment Services at 902-465-5009, or in person at 386 Windmill Road, Dartmouth.

Office use only:

Accepted: Yes No

Referral Date: _____

EN Assigned: _____