



## 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

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  Paid Employment  Support in keeping a Job  Networking  
 Education Exploration  Resume Writing  Interview Prep  Volunteering in community  
 Recreation Programs  Volunteering at LakeCity  Onsite Supported Employment

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

Please explain (*in detail*) the nature of the offenses and charges/convictions (required): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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](mailto:referral@lakecityworks.ca) or by fax to Employment Services at 902-465-5009, or in person at 386 Windmill Road, Dartmouth.

Office use only: Referral Date: \_\_\_\_\_  
Accepted: Yes  No  EN Assigned: \_\_\_\_\_