



# Winnipeg Inner City Missions

*The First Steps to Employment Project offers support to single adults living in poverty and/or dysfunctional family or social units while they develop life skills. Housing is one aspect of this program.*

## Pre-Assessment for First Steps to Employment Program

(Agency Referral Form)

Applicant Name:

Date:

Applicant Address:

Applicant Phone #:

Agency Referral:

Agency Phone #:

What capacity do you know this person?

### **First Steps to Employment Program Requirements:**

Is applicant between the ages of 30-50?  Yes  No

Is applicant willing to live alone? (Apts. are for singles only)  Yes  No

We expect residents to assist with basic cleaning & maintenance tasks. Does the applicant agree to participate in these chores?  Yes  No

What limitations do you have that may restrict your work tasks?

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Is there, or was there, an addiction?  Yes  No

What kind? Alcohol  Drugs  Solvent  Cigarettes  (The facility is smoke-free)  
Gambling  Prescription drugs

How long has applicant been clean/sober? \_\_\_\_\_ (as part of entry, a drug test using our test providers may be performed. If results appear positive, applicant may reapply in one year.)

Is applicant receiving support with the addiction?  Yes  No  
what kind of support?

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Is applicant's goal to work? (Full or part-time eventually) \_\_\_\_\_ Yes \_\_\_\_ No

Is applicant on disability? \_\_\_\_\_ Yes \_\_\_\_ No  
(If **yes**, applicant must have a form filled in by their doctor, stating that they are able to work.)

Is applicant prepared to work through the project requirements? \_\_\_\_\_ Yes \_\_\_\_ No  
(ie: Meet regularly with social worker, maintain a clean apartment, chores, participate in program activities)

Does the applicant have any criminal charges pending? \_\_\_\_\_ Yes \_\_\_\_ No  
If so, please specify, \_\_\_\_\_

Does the applicant have a criminal record? \_\_\_\_\_ Yes \_\_\_\_ No  
For what? \_\_\_\_\_

How long ago? \_\_\_\_\_  
(A pardon is necessary before a good job can be obtained)

What in your opinion makes this individual a good candidate for our program?

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Referred by: \_\_\_\_\_

Position: \_\_\_\_\_



Winnipeg  
Inner City Missions

*Winnipeg Inner City Missions is about individual & community wellness!*

# Applicant Self-Assessment

What jobs have you had in the past?

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**(Please provide a copy of resume and names of previous employers)**

Have you ever lived alone? \_\_\_\_\_ Yes \_\_\_\_\_ No

If **yes**, what coping strategies did you use to avoid loneliness? If **no**, what will help you to not feel alone?

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What excites or scares you about living in a supportive environment?

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What would you identify as your top 3 priority needs to feel a sense of wellness?

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A social worker is on site to work with all residents. What would you like the social worker to know about prior to being in our program?

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Signed by: \_\_\_\_\_ (Applicant)  
\_\_\_\_\_ (Referring Agency Representative)

**All information provided on these sheets is confidential.**