

Information was collected over the phone and verbal consent was provided by the informant to gather the information below for the purpose of determining fit and eligibility for this Worktopia program.

Participant Intake

Eligibility Checklist & Screening Questionnaire

DATE OF SCREENING: 19/08/2016 (This form is completed with fictitious names and information)

WORKTOPIA PROGRAM: CommunityWorks Canada® EmploymentWorks Canada SchoolWorks Canada

GENERAL PARTICIPANT INFORMATION	
Participant First name: Suzie	Participant Last name: Cue
Name of person providing information: <i>(if different from participant)</i>	Date of Birth: 15/01/1995
Relationship to the participant: <input type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Care Provider <input type="checkbox"/> Other	
Participation in previous Worktopia program? <input type="checkbox"/> Yes (<input type="checkbox"/> CWC <input type="checkbox"/> SWC) <input checked="" type="checkbox"/> No	
SECTION A:	
ELIGIBILITY AND FIT FOR PROGRAM	
The following is a checklist of the necessary requirements for a participant to be eligible for a Worktopia program:	
BASIC REQUIREMENTS	
X	Diagnosed with ASD? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if no, not eligible)
X	Must be between the ages of 15 to 29. Please check the box that represents the participants age below. Age: <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input checked="" type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29
X	Must have a valid Social Insurance Number (SIN) at the time of program start with proof of legal right to work in Canada (e.g. Canadian Citizenship, Landed Immigrant Status, Valid Work Permit, etc.). <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if no, not eligible)
X	Receiving EI benefits or currently eligible to collect EI? <input type="checkbox"/> Yes (if yes, not eligible) <input checked="" type="checkbox"/> No
X	Must be able to commit to 14 weeks (including orientation and program wrap-up) of programming? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if no, not eligible)
FUNCTIONAL REQUIREMENTS	
X	Independent toileting? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if no, not eligible - exceptions considered on a case by case basis)
X	Able to travel independently or have transportation arrangements to and from the program? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if no, not eligible)
X	Able to sustain participation/interest in a structured learning environment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if no, not eligible)
X	At risk for elopement or abruptly abandoning session? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if yes, not eligible)
X	Currently presents with a serious risk of self-harm or suicide? <input type="checkbox"/> Yes (if yes, refer to physician/health care provider for completion of Worktopia Medical Care form – may still be eligible at a later time) <input checked="" type="checkbox"/> No
X	Currently presents with an unstable medical condition (e.g. seizure disorder or other condition not stabilized with medication)?

Participant Name: _____

<p>What strategies do you use to manage these behaviours or emotional concerns? (i.e.: talking, personal space, etc.): Talk to my friends or sometimes my mom, take my medicine, play with my pets, go for a walk or work-out.</p>
<p>What level of support does the participant need in the community? X Independent <input type="checkbox"/> Requires support</p>
<p>If support is required in the community, please describe:</p>
<p>Does the participant have an understanding of general safety issues within the community? X Yes <input type="checkbox"/> No</p>
<p><i>IF APPLICABLE:</i> What type of program, if any, is the participant enrolled in at school: <input type="checkbox"/> Fully integrated with neuro-typical peers <input type="checkbox"/> Cluster type program (Educational Support) <input type="checkbox"/> Autism specific classroom <input type="checkbox"/> Other (describe):</p>
<p>What would the participant most like to gain from this Worktopia program? Want a job: X Yes <input type="checkbox"/> No Learn more about employment preferences: X Yes <input type="checkbox"/> No Develop friendships: X Yes <input type="checkbox"/> No Other (describe):</p>
<p>Is there anything else that the participant would like us to know about them and/or their family?</p>
<p><i>If the responses to Section A and B above DO NOT preclude the eligibility of an individual to participate in this Worktopia program, please proceed with the next phase of the Intake Process and complete the more detailed Participant Application Form and Section B of the Participant Information Form (PIF).</i></p>

SUMMARY OF RESULTS:

Advance to Next Intake Phase (Participant Application Form, Interview and PIF): **X Yes** No

Assign to Program Wait List for participation at a later time: Yes No

Notes:

Program Staff Name: _____