STONE HEARTH BAKERY
WORK ADJUSTMENT
SKILLS TRAINING PROGRAM
LL05 - 7071 Bayers Rd Halifax, NS B3L 2C2
Phone: (902) 454-2851
Fax: (902) 454-2881
Email: bbenedict@mymetroworks.ca

REFERRAL FORM

Completed by: _____ Date:_____

APPLICANT INFORMATION

First Name:		**Last Name:**	
Address: **Apartment:**		**City:** **Postal Code:**	
Please describe applicant's living arrangements (supported housing, independent, w/ family, etc. AND whether or not this is stable):			
Phone Number:		**Email:**	
Birthdate:	**Month:**	**Date:**	**Year:**
SIN:		**NS Health Card:**	
Emergency Contact: **(Relationship):**		**Phone Number:**	
Education (highest level completed):		**Has the applicant attended the Stone Hearth Program in the past?** ❑ Yes ❑ No	
Marital Status:		**# of Dependents:**	

REFERRAL INFORMATION

Referring Agency:	**Name:**
Phone:	**Email:**
Length & Nature of Involvement:	

REFERRAL'S ASSESSMENT

To be completed with applicant if possible. If other assessments are available, please attach copies to the application. The more background information, the better we can help to individualize the program plan for the applicant.

Who initiated the referral, and why?

Level of motivation:

What is the applicant looking for from the Stone Hearth Bakery Program?

Strengths of Applicant:	**Weaknesses of Applicant:**

Does the applicant identify as having a disability?

❑ None ❑ Physical ❑ Intellectual ❑ Visual ❑ Speech ❑ Hearing ❑ Learning ❑ Attention Deficit

❑ Dexterity ❑ Mobility ❑ Developmental ❑ Cognitive ❑ Mobility ❑ Emotional ❑ Other

Please explain any diagnosis and ongoing symptoms we should be aware:

Is the applicant on medication to treat anything checked above? Please list any side effects this may cause:

Is there a history of addiction? ❑ No ❑ Gambling ❑ Alcohol ❑ Drugs ❑ Other

If yes, please explain treatment plan:

Has the applicant ever had an aggressive outburst? ❑ Yes ❑ No

History of violence? ❑ Yes ❑ No

Please describe:

COMMUNITY SERVICES INFORMATION

Case Workers and Care Coordinators will be contacted for approval of applicant's participation prior to being accepted into the Stone Hearth Bakery Program.

Case Worker Name:	**Income Assistance // Disability Support Program** (Please circle)
Phone:	**Email:**
Employment Support Services: **Phone:**	**Email:**

LEGAL HISTORY

Please Check One:

❑ No criminal record ❑ Charges Pending ❑ On Parole ❑ On Probation ❑ Other: _____

Please explain the nature of the offenses and any conditions:

_____

_____

EMPLOYMENT/VOLUNTEER HISTORY

Please list employment, volunteer or other program experience, in order of most recent:		
COMPANY & TITLE	**DATES**	**REASON FOR LEAVING**

SUPPORT SYSTEMS

Persons provided may be contacted prior to acceptance and during applicant's program experience. Please make a note of anyone who would want ongoing contact, including family, housing support, case worker, referral source, or other supporting organizations.

Medical	
Name:	**Organization:**
Relationship:	**Phone:**
Email:	**Notes:**
Family or Personal	
Name:	**Organization:**
Relationship:	**Phone:**
Email:	**Notes:**
Housing or Community	
Name:	**Organization:**
Relationship:	**Phone:**
Email:	**Notes:**
Other	
Name:	**Organization:**
Relationship:	**Phone:**
Email:	**Notes:**

RELEASE OF INFORMATION

I, _____, agree to be referred to Stone Hearth Bakery's Work Adjustment Skills Training Program. Therefore, I agree that the agency or person making the referral, can release and request information from my file that is relevant to my participation in the program.

Applicant's Signature: _____ Date: _____

Referral's Signature: _____ Date: _____

Please ensure all fields are completed: failure to provide all requested information can delay applicant's admission.
Completed form can be faxed or emailed (see page 1) to the attention of Brittany Benedict.