



**STONE HEARTH BAKERY  
WORK ADJUSTMENT SKILLS  
TRAINING PROGRAM**

7071 Bayers Rd  
Halifax, NS B3L 2C2  
Phone: (902) 454-2851  
Fax: (902) 454-2881

**Referral Form**

(TO BE COMPLETED BY THE REFERRING AGENT)

APPLICANT INFORMATION

<b>Name:</b>	<b>Date:</b>
<b>Address:</b>	<b>Phone:</b>
<b>City:</b>	<b>SIN:</b>
<b>Postal Code:</b>	<b>Date of Birth:</b>
<b>Gender:</b>	<b>Age:</b>
<b>Marital Status:</b>	<b>Dependents:</b>

EMERGENCY INFORMATION

<b>Emergency Contact:</b>	<b>Phone:</b>
<b>Relationship:</b>	
<b>NS Health Card Number:</b>	

SOURCE OF INCOME

- Social Assistance
- Employment Insurance
- CPP
- WCB
- Other (please specify) \_\_\_\_\_

SOCIAL WORKERS INFORMATION

<b>Social Worker:</b>	<b>Phone:</b>
<b>Employment Counsellor:</b>	<b>Phone:</b>

MEDICAL CONTACTS

<b>Family Doctor:</b>	<b>Phone:</b>
<b>Psychiatrist:</b>	<b>Phone:</b>
<b>Other:</b>	<b>Phone:</b>

SUPPORT SYSTEMS

<b>TYPE</b>	<b>YES/NO</b>	<b>EXPLAIN</b>
<b>Family Support</b>		
<b>Child Care Supports</b>		
<b>Home Supports</b>		
<b>Referring Agent Supports</b>		
<b>Other</b>		

PSYCHIATRIC DIAGNOSIS

<b>Diagnosis:</b>
<b>Ongoing Symptoms:</b>
<b>Symptoms which may occur:</b>

DISABILITY/IMPAIRMENT

<b>TYPE</b>	<b>YES/NO</b>	<b>TYPE</b>	<b>YES/NO</b>
<b>PHYSICAL DISABILITY</b>		<b>DEAFNESS</b>	
<b>VISUAL IMPAIRMENT</b>		<b>MENTAL HEALTH</b>	
<b>SPEECH IMPAIRMENT</b>		<b>INTELLECTUAL</b>	
<b>SUBSTANCE ABUSE</b>		<b>ALCOHOL ABUSE</b>	
<b>LEARNING DISABILITY</b>		<b>OTHER</b>	



REFERRAL'S INFORMATION

<b>Referring Agent Name &amp; Position:</b>		
<b>Agency:</b>		
<b>Address:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>City:</b>	<b>Prov:</b>	<b>Postal Code:</b>
<b>Length of Involvement with Client:</b>		<b>Email:</b>

REFERRING AGENT'S ASSESSMENT

<b>Level of Motivation:</b>			
<b>Social Skills Development:</b>			
<b>SKILL</b>	<b>EXCELLENT</b>	<b>GOOD</b>	<b>FAIR</b>
Dealing with stress			
Interacting with others			
Handling authority			
Concentrate on tasks			
Insight into own strengths and weaknesses			
Taking responsibility for self			
Budgeting			
Multi-tasking			

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 professional making the referral, can release information from my file that is relevant to my acceptance into the program.

**Applicants Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Referrals Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_