



At Work/Au Travail Referral Form



Canadian Mental Health Association - Kings County Branch

440 Main Street

Kentville, NS, B4N 1K8

Phone: (902) 679-7464 Fax: (902) 679-7470

Self-Referral

or

Agency Referral

Agency/Office: _____

Referred by: _____ Position: _____

Email: _____

Phone: (_____) _____ Ext: _____

Preferred method of contact: _____

Contact Information

Title: Mr. Ms. Mrs.

Gender: Male Female Other: _____

Last name: _____ First Name: _____

Middle initial: _____ Birthdate: _____

SIN: _____ Service language: French English
(required to confirm eligibility for program)

Home phone: _____ Mobile phone: _____

Email: _____

Preferred method of contact: _____

Civic/Mailing Address

Care of: _____

Street address: _____

City: _____ Province: _____

Postal/Zip code: _____

Please send completed form via fax to 902-679-7470 or email to jason.atwork@cmhakings.ns.ca



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Employment Barrier Information

At Work/Au Travail works with individuals whose mental health issues pose barriers to employment. We assist clients to implement their employment goals, and we provide information about employment, training, volunteer and community resources. We strive to create and maintain positive relationships with employers.

Please list the barriers to employment (physical, mental, housing, transportation, family situation, etc). _____

Why is this person being referred?

How motivated is this person to sincerely seek employment? (1=not 5=very) 1 2 3 4 5

Psychologist: _____ (name) _____ (phone)

Social Worker: _____ (name) _____ (phone)

**Is this person currently working with any other employment support agency?
i.e. NS Works, Peopleworx, or Flowercart?**

Other Agency: _____ (name) _____ (phone)

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