



## Case Manager Instructions for Completing the Opportunities Fund for Persons with Disabilities - Participant Information Form (PIF) and the Opportunities Fund Referral Form

Please complete the Opportunities Fund for Persons with Disabilities – Participant Information for Part A and Part B with as much information as possible. Part B can be completed with the client. Please ensure the form is signed and dated before submitting to your Opportunities Fund Community Coordinator.

### Sections to Complete

#### Opportunities Fund for Persons with Disabilities – Participant Information Form (print double sided on legal sized paper)

##### Part A

**Name of Participant:** please enter legal name

##### **Intervention Titles**

- Opportunities Fund Self-Employment: Please check this box if the client will be completing self-employment training.
- Opportunities Fund Services: Please check this box if the client is requesting adaptive equipment.
- Opportunities Fund Skills for Employment: Please check this box if the client is returning to school for employment training.
- Opportunities Fund Wage Subsidies: Please check this box if the client is taking part in a wage subsidy program.
- Opportunities Fund Experience: Please check this box if the client is taking part in a work experience program

**Participant's start date** and **Anticipated end date:** yyyy/mm/dd format.

**Employability Dimensions** and **Funding Source** are preselected for you.

##### Part B

Please complete as much of Part B with the client as possible and **ensure the client signs and dates the PIF before submitting.**

##### Part C

**Please DO NOT complete Part C.** This will be completed by the Opportunities Fund Community Coordinator.

#### Opportunities Fund Referral Form

Please complete Section 1 – Client Information and the applicable section(s).

Complete Section 6 – Cost Share Information if applicable.

Indicate whether or not the client has previously received government sponsored training.

Have the participant sign and date the Opportunities Fund Referral Form before returning to your Opportunities Fund Community Coordinator. If you have any questions please call

Greater Vancouver: 604-451-5511

Fraser Valley: 604-491-1515

Sunshine Coast: 604-741-3182

Nanaimo: 250-244-1035

Victoria: 778-679-5179

### Section 1 - Client Information (PLEASE PRINT)

Applicant Name	Applicant Email Address
----------------	-------------------------

Monthly Income Source  
 PWD  PPMB  IA  CPPD  Savings  Spouse/Family  WCB Benefits  Insurance Benefits  ICBC  Employment  
 Other: \_\_\_\_\_

### Section 2 - Case Manager Information

Case Manager	Agency
Address	Postal Code
Phone Number	Email Address

### SECTION 3 - Training Information

Training	Institution		
Start Date (yyyy/mm/dd)	End Date (yyyy/mm/dd)	# Months in Training	First Payment due by

### SECTION 4 - TWS Information

Wage Subsidy Employer	Start Date (yyyy/mm/dd)	End Date (yyyy/mm/dd)
-----------------------	-------------------------	-----------------------

### SECTION 5 - Adaptive Equipment Information

Adaptive Equipment Required	Estimated Cost
Required By (yyyy/mm/dd)	Provider's Name
Providers Phone Number	Provider's Address

### SECTION 6 - Cost Share Information

Is this a Cost Share <input type="checkbox"/> Yes <input type="checkbox"/> No	Cost Share Amount	Cost Share Partner(s)
--	-------------------	-----------------------

Has the applicant previously received government sponsored training?  Yes  No  
 If "yes" please provide details in the Case Manager Rationale

If this application involves a cost-share, please provide full details, including a breakdown of sponsorship and contact information for the cost-share partner in the Case Manager Rationale.

#### Participant Consent to Release Information

I, \_\_\_\_\_ declare that the information given in this application, for the purpose of participation in employment skills training is true to the best of my knowledge. I further authorize Service Canada and/or its designated service providers to confirm the attached information by contacting any of the individuals or organizations listed in my application.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date