



OPPORTUNITIES FUND FOR PERSONS WITH DISABILITIES - PARTICIPANT INFORMATION FORM

The information you provide on this form is collected under the authority of section 7 of the Department of Employment and Social Development Act for the purposes of determining your eligibility to participate in the Opportunities Fund for Persons with Disabilities program. The Social Insurance Number (SIN) is collected in accordance with the Treasury Board Directive on Social Insurance Number which lists the Opportunities Fund for Persons with Disabilities as an authorized user of the SIN. The SIN will be used for determining your eligibility to participate.

Participation in the Opportunities Fund for Persons with Disabilities is voluntary. Refusal to provide information will result in you not being eligible to participate. The information you provide may be used and/or disclosed for policy analysis, research and/or evaluation purposes. However, these additional uses and/or disclosures of your personal information will never result in an administrative decision being made about you.

Your personal information is administered in accordance with the Department of Employment and Social Development Act, the Privacy Act and other applicable laws. You have the right to the protection of, and access to, your personal information, which is described in the Personal Information Banks ESDC PPU 300. Instructions for obtaining this information are outlined in the government publication entitled Info Source, which is available at the following web site address: <http://www.infosource.gc.ca>. Info Source may also be accessed on-line at any Service Canada Centre.

Part A - Project Information - to be completed by the Contribution Recipient

Name of Contribution Recipient		Project Number
Intervention Titles		
<input type="checkbox"/> Opportunities Fund Skills for Employment	Start Date (yyyy-mm-dd) _____	End Date (yyyy-mm-dd) _____
<input type="checkbox"/> Opportunities Fund Self - Employment	Start Date (yyyy-mm-dd) _____	End Date (yyyy-mm-dd) _____
<input type="checkbox"/> Opportunities Fund Wage Subsidies	Start Date (yyyy-mm-dd) _____	End Date (yyyy-mm-dd) _____
<input type="checkbox"/> Opportunities Fund Enhanced Employment Assistance Services	Start Date (yyyy-mm-dd) _____	End Date (yyyy-mm-dd) _____

Part B - Participant Information - To be Completed by the Participant

Surname (as appears on SIN card)		Given Name and Initials (as appears on SIN card)		Social Insurance Number	
Email Address					
Permanent Address				City	
Province		Postal Code	Telephone Number	Date of Birth (yyyy-mm-dd)	
Employment Status prior to the Intervention					
<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed *see definition on page 2 <input type="checkbox"/> Student					
EI Eligibility					
Are you currently in receipt of Employment Insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you received Employment Insurance in the last five years?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you worked in the last 52 weeks?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, how many hours have you worked in the last 52 weeks?		_____			
Do you meet the eligibility criteria outlined on page 2?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Residency Status			Intervention Language		Person with Disability
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee under the Immigration and Refugee Protection Act* see definition on page 2			<input type="checkbox"/> English <input type="checkbox"/> French		<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Disability					
<input type="checkbox"/> Agility <input type="checkbox"/> Hearing <input type="checkbox"/> Mental Health <input type="checkbox"/> Visual <input type="checkbox"/> Intellectual <input type="checkbox"/> Developmental <input type="checkbox"/> Learning <input type="checkbox"/> Motor Skills <input type="checkbox"/> Speaking <input type="checkbox"/> Other _____					

Information on employment equity (Mandatory)

Gender		Member of Visible Minority		New Immigrant *see definition on page 2	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Decline to answer		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to answer		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to answer	

Indigenous Group					
<input type="checkbox"/> Registered on-reserve <input type="checkbox"/> Registered off-reserve <input type="checkbox"/> Non status <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> N/A <input type="checkbox"/> Decline to answer					

Level of education			
Elementary	Secondary completed	Secondary in-complete	Post-secondary completed
Post-secondary incomplete (College, cegep etc)	University incomplete (1 or more years)	University Diploma	
_____ (Province)		_____ (Year completed)	

Participant Consent to Release Information	
I, _____ the undersigned, give my consent for _____	
(Name of Participant)	(Contribution Recipient)
to release the information contained in this form regarding my participation in a OF program to ESDC. I acknowledge that the information is collected and administered in accordance with the <i>Department of Employment and Social Development Act, Privacy Act</i> and applicable laws, and that it may be used to determine my eligibility for the OF program and provided to ESDC for the evaluation and accountability of the OF program. I may be contacted in the future by ESDC regarding my participation in the program.	
_____ Participant's Signature	_____ Date (yyyy-mm-dd)

For work experience:		
National Occupational Classification	North American Industry Classification System	Small or Medium enterprise (between 1 - 499 employees)
		Yes No

Type of Employer:			
Private	Public	Private	Other: _____

Part C - To be Completed by the Contribution Recipient after the Intervention

Initial result upon completion

Participant Did Not Complete the Intervention(s) <input type="checkbox"/> Incomplete Reasons <input type="checkbox"/> Abandoned <input type="checkbox"/> Employed / Self-Employed <input type="checkbox"/> Cannot be reached <input type="checkbox"/> Returned to School / Stay in School <input type="checkbox"/> Other: _____ (e.g. maternity leave)		Participant Completed the Intervention(s) <input type="checkbox"/> Completed Participant is Now <input type="checkbox"/> Employed / Self-Employed <input type="checkbox"/> Not employed <input type="checkbox"/> Returned to School / Stay in School <input type="checkbox"/> Unknown	
Date of Early Termination _____ Date (yyyy-mm-dd)		Date of Completion _____ Date (yyyy-mm-dd)	

12 week follow-up for "not employed", "not returned to school", and "unknown" results

Results <input type="checkbox"/> Employed / Self-Employed <input type="checkbox"/> Not employed <input type="checkbox"/> Returned to School / Stay in School <input type="checkbox"/> Unknown
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6 month follow-up *see definition on page 3 Part C

Results <input type="checkbox"/> Employed / Self-Employed <input type="checkbox"/> Not employed <input type="checkbox"/> Returned to School / Stay in School <input type="checkbox"/> Unknown
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12 month follow-up *see definition on page 3 Part C

Results <input type="checkbox"/> Employed / Self-Employed <input type="checkbox"/> Not employed <input type="checkbox"/> Returned to School / Stay in School <input type="checkbox"/> Unknown
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For wage subsidy/self-employment interventions * see definition on page 3:			
National Occupational Classification	North American Industry Classification System	Small or Medium enterprise (between 1 - 499 employees)	
		Yes	No
Type of Employer:			
Private	Public	Non-for-profit	Other: _____

ESDC USE ONLY	_____	_____	_____
	Date Received (yyyy-mm-dd)	Date of Entry (yyyy-mm-dd)	Name

OPPORTUNITIES FUND (OF)

Basic eligibility criteria

An eligible participant is an individual who:

- self-identifies as having a permanent physical or mental disability that restricts his or her ability to perform daily activities;
- is legally entitled to work in Canada;
- requires assistance to prepare for, obtain and keep employment or self employment; and
- is not eligible for assistance under EI employment benefits or any similar programs that are the subject of agreement with provinces, territories or organizations entered into pursuant to Section 63 of the EI Act (unless formally approved by a departmental official in exceptional circumstances where programs comparable to OF are not available).

Definitions

Unemployed is an individual who:

- is working less than an average of 20 hours per week; and is actively seeking employment or increased employment; or
- is in receipt of a notice of imminent lay-off, or
- must leave his current occupation due to medical reasons.

New Immigrant: is a person who has moved from their country of origin (their homeland) to another country to become a citizen of that country and has been in that country for less than 5 years.

Refugee: A person who has been forced to leave their country in order to escape war, persecution, or natural disaster.

PARTICIPANT INFORMATION FORM INSTRUCTIONS FOR CONTRIBUTION RECIPIENTS

The Participant Information Form (also referred to as the PIF) is used to collect information to determine a participant's eligibility for the Opportunities Fund for Persons with Disabilities (OF) and to record the results of a participant's involvement in an OF activity.

Part A: Project Information

Part A should be completed by the contribution recipient for each participant upon selecting the participant for participation.

The '*Project Number*' is the number that appears on the contribution recipient's agreement.

The section '*Intervention Titles*' should reflect the type(s) and dates of the activities in which the participant will participate. The start and end dates need to be accurate. If they change, please submit an amended form.

Part B: Participant Information

The contribution recipient may complete this section on behalf of participants, provided the participant reviews the information and signs the paper copy of the form, as proof of consent to share the information with Employment and Social Development Canada (ESDC). A copy of the signed consent must be maintained in the contribution recipient's files and may be verified when the project is monitored.

It is mandatory to provide the participant's contact and personal information as identified at the beginning of this section. The name of the participant entered should match the name used on their Social Insurance Number card as this will be used to verify eligibility.

For '*Employment Status prior to the Intervention*', definitions of the status can be found on page 2 of the PIF.

The 'El Eligibility' and 'Residency Status' sections, are used to verify the participant's eligibility for the OF program. All basic eligibility criteria are stated on page 2 of the PIF.

For '*Intervention Language*', the participant's official language of choice must be specified.

Responding to the questions on Gender, Member of a Visible Minority, Person with Disability, Indigenous Group, and New Immigrant is mandatory, and is requested for program evaluation purposes.

The response for '*Person with a Disability*' must be 'Yes' in order to participate in OF.

'*Type of Disability*' is not a mandatory box and is to be filled out on a voluntary basis as participants do not need to disclose their disability to participate in the OF program.

Likewise, '*Aboriginal Group*' is not a mandatory box and is to be filled out on a voluntary basis.

As mentioned above, the '*Participant Consent to Release Information*' must be signed and dated by the participant as this is the consent to release to ESDC officials the information contained in the form.

Part C: To be completed by Contribution Recipient

Part C is to be filled out only when the participant has completed his or her intervention or is no longer participating in the project.

This section uses the OF indicators and must be completed.

In cases where a participant did not complete the intervention, the reason and date termination occurred should be indicated.

In cases where a participant completes the intervention and has found employment, the completion date should be indicated.

If a participant has completed their activity but has not returned to school or is not employed, the contribution recipient is required to follow-up with the participant 12 weeks following the completion date of the intervention in order to verify if this status has changed.

*For multi-year agreements: if a participant has completed their intervention and has returned to school or is employed, the contribution recipient is required to follow-up with the participant 6 months and 12 months following the completion of the intervention in order to verify if this status has changed. Please note that these follow-ups are only to be done within the timelines of the agreement.

For participants who completed a wage subsidy/self-employment intervention, four additional fields are mandatory:

- National Occupational Classification - The NOC is the nationally accepted coding system for occupations in the Canadian labour market. The four digit code of the occupation best describing the participant's wage subsidy/self-employment intervention is to be recorded on the template. A list of NOC codes can be found at the following link:
<http://www5.hrsdc.gc.ca/NOC/English/NOC/2011/Welcome.aspx>
- North American Industry Classification System - indicates the sector in which the wage subsidy/self-employment intervention took place. The codes can be found here:
<http://www.statcan.gc.ca/pub/12-501-x/12-501-x2012001-eng.pdf>
- A response as to whether the wage subsidy took place with a small or medium-sized employer (1-499 employees).
- Type of employer (private, public, not-for-profit or other)