



## CLIENT INFORMATION SHEET

A- IDENTIFICATION			
NAME AND FIRST NAME			
ADDRESS			
CITY	PROVINCE	POSTAL CODE	E-MAIL
TELEPHONE NUMBER HOME: ( ) ( )	CELL NUMBER: ( ) ( )	DATE OF BIRTH: (D/M/Y)	AGE:
HOW LONG HAVE YOU BEEN LIVING IN THE URBAN AREA? (D-M-Y)		REASON :	
SOCIAL INSURANCE NUMBER:	BAND OR BENEFICIARY NUMBER:	SEX	F <input type="checkbox"/> M <input type="checkbox"/>
CIVIL STATUS	SINGLE <input type="checkbox"/> COMMON LAW <input type="checkbox"/> SINCE: _____ SEPARATED <input type="checkbox"/> SINGLE PARENT: YES <input type="checkbox"/> NO <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOW <input type="checkbox"/> MARRIED <input type="checkbox"/> PARTNERS NAME _____		
STATUS	STATUS INDIAN <input type="checkbox"/> NON-STATUS INDIAN <input type="checkbox"/> METIS <input type="checkbox"/> INUIT <input type="checkbox"/>		
NATION	COMMUNITY	PROVINCE	
B- NUMBER OF PERSON IN YOUR CHARGE			
HEALTH INSURANCE CARD OR BIRTH CERTIFICATE OR PROOF OF FAMILY/CHILDREN ALLOWANCE TO PROVIDE			
NAME(S)	RELATIONSHIP	DATE OF BIRTH	AGE
C. MOBILITY		D. LANGUAGES	
DRIVER'S LICENSE:	YES <input type="checkbox"/> NO <input type="checkbox"/>	FRENCH SPOKEN <input type="checkbox"/>	FRENCH WRITTEN <input type="checkbox"/>
DO YOU HAVE A CAR:	YES <input type="checkbox"/> NO <input type="checkbox"/>	ENGLISH SPOKEN <input type="checkbox"/>	ENGLISH WRITTEN <input type="checkbox"/>
PERMIT CATEGORY:	OTHER:		
E. FINANCIAL SITUATION OF CLIENT			
EMPLOYMENT INSURANCE BENEFIT RECIPIENT (EI)	YES <input type="checkbox"/> NO <input type="checkbox"/>	STUDENT BURSARY	YES <input type="checkbox"/> NO <input type="checkbox"/>
SOCIAL SECURITY BENEFIT	YES <input type="checkbox"/> NO <input type="checkbox"/>	ALIMONY	YES <input type="checkbox"/> NO <input type="checkbox"/>
WITHOUT INCOME	YES <input type="checkbox"/> NO <input type="checkbox"/>	CSST	YES <input type="checkbox"/> NO <input type="checkbox"/>
SELF-EMPLOYED	YES <input type="checkbox"/> NO <input type="checkbox"/>	OTHER	
EMPLOYED :	PERMANENT <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> OCCASIONNAL <input type="checkbox"/> SEASONAL <input type="checkbox"/>		
FINANCIAL SITUATION OF PARTNER: EMPLOYED <input type="checkbox"/> EI <input type="checkbox"/> SOCIAL SECURITY <input type="checkbox"/> WITHOUT INCOME <input type="checkbox"/> OTHER <input type="checkbox"/>			
F. EMPLOYMENT HISTORY			
EMPLOYER	TITLE OF POSITION	START DATE	END DATE
1)			
2)			
3)			
G. ACADEMIC EDUCATION & TRAINING			
LEVEL	SCHOOL NAME & CITY & PROVINCE	PROGRAM & COMPLETED LEVEL	MONTH/YEAR
High School		I II III IV V DES	
Vocational Training		I II III DEP	
College			
Attestation d'étude professionnelle			
Certificate			
Bachelor's			
Master's / Doctorate			
H. OTHER INFORMATION			
DO YOU HAVE A HANDICAP OR A DISEASE THAT COULD PREVENT YOU FROM INTEGRATING THE LABOUR MARKET? YES <input type="checkbox"/> NO <input type="checkbox"/>			
DO YOU HAVE A CRIMINAL RECORD? YES <input type="checkbox"/> NO <input type="checkbox"/>			

I declare that the information provided on this information sheet is complete and accurate.

NAME IN PRINT:	CLIENT'S SIGNATURE:	DATE :
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REVISED BY AGENT OF USC OF MTL : \_\_\_\_\_ DATE : \_\_\_\_\_