



# MEDICAL ASSESSMENT FOR EMPLOYABILITY SHORT TERM

This form must be faxed to the Client Services Officer from the Medical Centre. The named applicant has applied for Income Assistance benefits on the basis of a short term (less than one year) physical, medical or psychological condition that restricts his/her employment at this time.

### APPLICANT INFORMATION (please print)

Last Name		First Name	
Middle Name(s)		Previous Last Name(s)	
Street Address		City/Community NT	
Mailing Address (if different than above)			
Apartment Number	Postal Code	Telephone (Home) ( )	
Social Insurance Number / /	Date of Birth - YY/MM/DD / /	Case Number	

### DECLARATION

I hereby agree to release the information to the Department of Education, Culture and Employment, Government of the Northwest Territories.

\_\_\_\_\_  
 Applicant's Signature | Date - YY/MM/DD

Your professional opinion will enable us to appreciate the extent of this medical condition, the limitation this medical condition imposes on this applicant's functioning and how we might support him/her.

### CONDITION ASSESSMENT (To be completed by a Medical Professional)

Type/Description of Condition:
When was this condition first diagnosed?
Treatment Plan:
Prognosis (with treatment):

### ACTIVITY ASSESSMENT

Productive Choice/Activity	Ability to Participate	Limitations/obstacles that will interfere with successful participation at this time
Full-time Employment	<input type="radio"/> Yes <input type="radio"/> No	
Part-time Employment	<input type="radio"/> Yes <input type="radio"/> No	
Education/Training: Full-time Attendance	<input type="radio"/> Yes <input type="radio"/> No	
Education/Training: Part-time Attendance	<input type="radio"/> Yes <input type="radio"/> No	
Education/Training: Hunting, Fishing, Trapping	<input type="radio"/> Yes <input type="radio"/> No	
Community Work/Volunteer	<input type="radio"/> Yes <input type="radio"/> No	
Regular Household Tasks: Child Rearing	<input type="radio"/> Yes <input type="radio"/> No	

Anticipated recovery time to assume full-time employment and/or participate in full-time education or training opportunities:  
 1 Month     3 Months     6 Months     1 Year     More Than One year

### MEDICAL PROFESSIONAL SIGNATURE

Medical Professional's Name (Please Print)	Telephone ( )	Fax ( )
<input checked="" type="checkbox"/> _____ Medical Professional's Signature		Date - YY/MM/DD

This information is being collected under the authority of the Access to Information and Protection of Privacy (ATIPP) Act, Section 41.1(g) and the Northwest Territories (NT) Social Assistance Act and Regulations. The privacy provisions of the ATIPP Act protect my information, and all applicants have the right to examine and request correction of his or her records and to request a review by the Information and Privacy Commissioner. If you have any questions about the collection of information, contact the Department of Education, Culture and Employment, Box 1320, Yellowknife, NT X1A 2L9 or call 1-866-973-7252 or 867-920-8921.

All sections are mandatory - Place a dash or line through boxes that do not apply to you.