



Intake

Consent for the Collection, Use, and Disclosure of Personal Information

Why am I receiving this? The common assessment questionnaire is needed to inform what services and supports, including employment services, will help you achieve your goals. To apply for these services and supports, you and all adult members of your family need to agree to let Ministry of Child, Community and Social Services (MCCSS), Ministry of Labour, Immigration, Training and Skills Development (MLITSD) and their delivery partners, as applicable, collect, use and disclose your personal information.

What is Personal Information? Personal information is recorded information about an identifiable individual. This includes, but is not limited to your name, address, phone number and email address, employment and financial information and the responses you provide to the common assessment questions.

Who will have access to my personal information and why?

A. Programs delivered by MCCSS:

Note: Not applicable to direct applicants to MLITSD's employment services

MCCSS and its designated delivery partners, staff and third-party organizations* will have access to your personal information and may use it for any of the following reasons:

- Verifying your identity, managing your individual file and determining your eligibility for different supports and services;
- Informing and administering the benefits, supports and programs that will best support you to meet your goals;
- Forecasting how many people have Ontario Works or Ontario Disability Support Program and service needs; and
- Evaluating how Ontario Works and the Ontario Disability Support Program designed to improve the quality of the benefits, supports and services provided.

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*MCCSS may share your personal information as agreed to, as part of your social assistance application.

Disclosure of Personal Information for employment services:

Should you be referred to MLITSD for employment services or where necessary, your personal information including the details of your social assistance action plan such as goals, support needs and referrals, will be disclosed to MLITSD and its third-party organizations that are responsible for overseeing and delivering employment services. This consent will also apply to future updates to the information collected in the common assessment questionnaire.

If you have provided responses to the mental health and addiction screener, they will not be shared with MLITSD or your service provider even if you are referred to employment services. MLITSD may access your responses for policy planning and evaluation purposes only.

I have read and understand the above and consent to the collection, use and disclosure of my personal information by MCCSS, applicable third-party organizations that are responsible for overseeing and delivering services and supports under Ontario Works or Ontario Disability Support Program, as outlined above.

If you have questions about the collection of your personal information, please contact _____ at _____, in your local Ontario Works or Ontario Disability Support Program office.

If you have questions about how MCCSS is using your personal information, please contact:

Mccssdata@ontario.ca

B. Programs delivered by MLITSD:

Note: Applicable should you be referred by MCCSS to MLITSD employment services.

MLITSD and its designated delivery partners, staff and third-party organizations* will have access to your personal information and may use it for any of the following reasons:

- Verifying your identity, managing your individual file and determining your eligibility for different employment programs and services;
- Informing and administering the benefits, supports and programs that will best support you to meet your goals;
- Forecasting how many people have employment service needs; and
- Evaluating how employment services may be designed to improve the quality of the supports and services provided.

MLITSD may disclose relevant personal information with the Government of Canada, its service providers and your employer (if applicable) for the purpose of validating your ability to participate in employment services.

Disclosure of Personal Information:

MLITSD may disclose your personal information, which may include your social insurance number, to the Government of Canada for the purpose of financing, monitoring and assessing the effectiveness of employment services.

MLITSD will disclose your personal information to MCCSS to determine or verify initial and ongoing eligibility for Ontario Works or the Ontario Disability Support Program. MLITSD will collect your personal information from MCCSS to determine or verify initial and ongoing eligibility for employment services.



I have read and understand the above and consent to the collection, use and disclosure of my personal information by MLITSD applicable third-party organizations that are responsible for overseeing and delivering employment services, as outlined above.

Proceed to next step



Client Background Information

We have some questions to ask you to help us better understand you and your story. The information you provide will help us know which services and programs would best support you. For example, specialized services for newcomers. The information you provide will not impact your employment opportunities in any way. We are asking these questions to understand your unique situation and know how we can best support you. If at any point you do not wish to continue, we can stop the questionnaire at anytime. We can always continue at a later date.

Basic Information

Social insurance number

573-701-315

SAMS member ID

300182074

First name

(required)

ESTCATrainingC

Middle name

(optional)

Last name

(required)

NNWSSEHOPLY

Birth date (required)

Year

Month

Day

1993

May

16



Example 1974-Jan-01

Mailing Address and Contact Information

Postal or zip code (required)

Apt #

(optional)

Street # (required)

Street name (required)

Province or state

(required)

Country

(required)

City (required)

✓ What if I cannot provide an address?

Primary phone #

(required)

Extension

(optional)

No telephone

Alternate phone #

(optional)

Extension

(optional)

E-mail address (required)

No e-mail address

What is your preferred official language of communication? (required)

English

French

Demographic Information

The questions in this section are about how you describe yourself. The questions are about things like where you were born, your gender and your education. Your answers will help us start a conversation about services and programs you may be interested in or benefit from. Collecting this information also helps us understand if our programs and services are serving everyone in a fair and equitable way.

Where were you born? Select a country. (required)

Prefer not to answer

What is your status in Canada? (required)

Canadian citizen

Naturalized Canadian citizen

Permanent resident

Protected Person

Refugee claimant

Other (specify)

✓ What do these statuses mean?

What is your marital status? (required)

✓ What do these statuses mean?

How many dependents do you have? (required)

Prefer not to answer

✓ What is a dependent?

The next few questions are about how you describe yourself, including your gender, sexual orientation and race. We ask these questions to help us understand if there are specialized services and programs that can support you. We also ask these questions so that we can ensure we are serving everyone in our programs fairly.

What is your current gender identity? (required)

Man

Woman

Transgender

Transgender woman

Transgender man

Gender non-binary

Two-spirit

Do not know

Prefer not to answer

Another gender identity (specify)

✓ What do these gender identities mean?

Do you identify as LGBTQ+? (required)

Yes

No

Prefer not to answer

LGBTQ+ stands for lesbian, gay, bisexual, transgender, transsexual, two-spirit, queer, questioning, intersex, asexual.

Francophones are those persons whose mother tongue is French, plus those whose mother tongue is neither French nor English but have a particular knowledge of French as an Official Language and use French at home.

Are you a Francophone? (required)

- Yes
- No
- Prefer not to answer

Do you identify as First Nations, Métis, or Inuit? If yes, select all that apply.
(required)

- First Nations Status
- First Nations Non-Status
- Métis MNO (Metis Nation Ontario) Citizen
- Métis Self-Identified
- Inuit (Inuk)
- No, I am not Indigenous
- No, I am not Indigenous but other members of my household are
- Prefer not to answer

In our society, people are often described by their race or racial background. For example, some people are considered "White" or "Black" or "East/Southeast Asian," etc.

Which race category best describes you? Select all that apply. (required)

- Black
- East/Southeast Asian
- Indigenous
- Latino
- Middle Eastern
- South Asian
- White
- Prefer not to answer
- Another race category (specify):

✓ What are examples of these race categories?

What is the highest level of schooling you have attended? (required)

Grade 12 or

What year did you stop or complete this schooling? (required)

^ What if the exact year is not known?

If the exact year is not known, the client may provide best guess.

Where did you do this schooling? (required)

In Canada

Outside of Canada

Skills

The questions in this section are about your skills and how comfortable you are with doing certain tasks. Your answers will help us understand where you feel strongest and where we could work together to build your skills and confidence. Please respond based on your usual situation. For example, if you usually have accessibility supports or accommodations or are currently using medication or treatment, respond based on when you have the supports or are using the medication or treatment.

Do you need help to improve your language skills to help you get or keep a job? (required)

- Yes, I need help; my language skills need development
- No, I do not need help; my language skills are good enough
- No, I do not need help; my language skills are strong
- ✓ What are language skills?

Indicate the extent to which you agree or disagree with the following five statements:

I am comfortable reading and understanding written information. (required)

- 1 = Strongly disagree
- 2 = Disagree
- 3 = Neutral/ neither agree nor disagree
- 4 = Agree
- 5 = Strongly agree
- ✓ What are examples of reading and understanding information?

I am comfortable communicating information in writing (hand-written or typed). (required)

- 1 = Strongly disagree
- 2 = Disagree
- 3 = Neutral/ neither agree nor disagree
- 4 = Agree
- 5 = Strongly agree

✓ What are examples of communicating information in writing?

I am comfortable exchanging information verbally (or using sign language).

(required)

- 1 = Strongly disagree
- 2 = Disagree
- 3 = Neutral/ neither agree nor disagree
- 4 = Agree
- 5 = Strongly agree

✓ What are examples of exchanging information verbally?

I am comfortable understanding and using numbers and simple math.

(required)

- 1 = Strongly disagree
- 2 = Disagree
- 3 = Neutral/ neither agree nor disagree
- 4 = Agree
- 5 = Strongly agree

✓ What are examples of using numbers?

I am comfortable using computers and other digital technologies. (required)

- 1 = Strongly disagree
- 2 = Disagree
- 3 = Neutral/ neither agree nor disagree
- 4 = Agree
- 5 = Strongly agree

✓ What are examples of digital technologies?

Indicate the extent to which you agree or disagree with the following five statements:

I can find paid work if I want to. (required)

- 1 = Strongly disagree
- 2 = Disagree
- 3 = Neutral/ neither agree nor disagree
- 4 = Agree
- 5 = Strongly agree

When I make plans for my career, I am confident I can make them work.
(required)

- 1 = Strongly disagree
- 2 = Disagree
- 3 = Neutral/ neither agree nor disagree
- 4 = Agree
- 5 = Strongly agree

I can perform effectively on many different tasks. (required)

- 1 = Strongly disagree
- 2 = Disagree
- 3 = Neutral/ neither agree nor disagree
- 4 = Agree
- 5 = Strongly agree

I can find and access the services I need. (required)

- 1 = Strongly disagree
- 2 = Disagree
- 3 = Neutral/ neither agree nor disagree
- 4 = Agree
- 5 = Strongly agree

✓ What types of services?

I am connected to multiple people who provide advice, help, and emotional support. (required)

- 1 = Strongly disagree
- 2 = Disagree
- 3 = Neutral/ neither agree nor disagree
- 4 = Agree
- 5 = Strongly agree

✓ What types of advice?

Supports and Service Needs

The questions in this section are about your current life circumstances and basic needs. The questions are about things like how you get around, where you live, and whether there are other services you may need, such as child care. Your answers will help us start a conversation about services that may help remove barriers and make finding employment easier.

Do you have reliable access to the internet and a computer, smartphone or similar device? (required)

- Always
- Often
- Sometimes
- Rarely
- Never

Do you have reliable transportation for daily activities? (required)

- Always
- Often
- Sometimes
- Rarely
- Never

✓ What does reliable transportation mean?

Do you have any caregiving responsibilities that may limit your ability to work, participate in training, or search for work? (required)

Yes

No

Caregiving responsibilities means that there is someone who depends on you to look after them.

Which of the following best describes your housing situation? (required)

! Required
Field

-- Select --

✓ What do these housing situation types mean?

In the last 12 months, I worried whether (my/our) food would run out before (I/we) got money to buy more. (required)

Often true

Sometimes true

Never true

In the last 12 months, the food that (I/we) bought just didn't last and (I/we) didn't have money to get more. (required)

Often true

Sometimes true

Never true

Do you need immediate financial assistance to pay for food or shelter?

(required)

- Yes
- No
- Already applied/receiving Social or Income Assistance

Are you concerned about your personal safety in your relationships, at home or in your community? (required)

- Always
- Often
- Sometimes
- Rarely
- Never

In general, would you say your health is (required)

- Excellent
- Very good
- Good
- Fair
- Poor

Do you feel that you would benefit from receiving mental health supports?

(required)

- Yes
- No
- Already receiving help

✓ What are examples of mental health conditions and supports?

Do you feel that you would benefit from receiving supports for managing substance use? (required)

Yes

No

Already receiving help

✓ what are examples of substance use and supports for managing substance use?

Mental Health and Substance Use

The next few questions ask for some additional information about your mental health.

Please answer them even if you've answered "No" or "Already receiving help" in the previous mental health and substance use questions. Your answers will help us better understand the need for mental health and addictions services and to see, over time, whether supports are helping people across the province.

You **must read** the following limits to confidentiality and duty to report script to clients before administering the Mental Health and Addictions Screener:

"As a client of Ontario Works/ODSP, the information you share with staff is confidential. It will not be shared with others outside of Ontario Works/ODSP unless you give us permission to do so. The next section of questions is about your mental health and substance use, we ask all clients these questions and your responses will not impact your eligibility for Ontario Works assistance/ODSP income support.

It is important to note that there are limitations to confidentiality, and in these cases I am required to share your answers with others, these are:

- If you are at imminent risk of harming yourself or another person
- If you disclose/share that a child is experiencing abuse and or neglect

In these cases, I have a duty to report and share information to ensure the safety of yourself or others, even without your permission. Meaning that depending on what you share I may be required to tell others to keep everyone safe. The goal of these questions is to better understand what is happening for you and how we can assist you with connecting to appropriate supports, if required.

Are you comfortable with proceeding with me asking you these questions? If at any time you no longer wish to answer you can let me know and we can stop."

When was the last time you had significant problems with feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?

(required)

- Past month
- 2-3 months ago
- 4-12 months ago
- 1+ years ago
- Never
- Prefer not to answer

When was the last time you had significant problems with sleep trouble, such as bad dreams, sleeping restlessly or falling asleep during the day?

(required)

- Past month
- 2-3 months ago
- 4-12 months ago
- 1+ years ago
- Never
- Prefer not to answer

When was the last time you had significant problems with feeling very anxious, nervous, tense, scared, panicked or like something bad was going to happen? (required)

- Past month
- 2-3 months ago
- 4-12 months ago
- 1+ years ago
- Never
- Prefer not to answer

When was the last time you had significant problems becoming very distressed and upset when something reminded you of the past? (required)

- Past month
- 2-3 months ago
- 4-12 months ago
- 1+ years ago
- Never
- Prefer not to answer

When was the last time that you had significant problems with thinking about ending your life or attempting suicide? (required)

- Past month
- 2-3 months ago
- 4-12 months ago
- 1+ years ago
- Never
- Prefer not to answer

When was the last time you had significant problems seeing or hearing things that no one else could see or hear or feeling that someone else could read or control your thoughts? (required)

- Past month
- 2-3 months ago
- 4-12 months ago
- 1+ years ago
- Never
- Prefer not to answer

When was the last time you used alcohol or other drugs weekly or more often? (required)

- Past month
- 2-3 months ago
- 4-12 months ago
- 1+ years ago
- Never
- Prefer not to answer

When was the last time you spent a lot of time either getting alcohol or drugs, using alcohol or drugs, or feeling the effects of alcohol or drugs (e.g., feeling sick)? (required)

- Past month
- 2-3 months ago
- 4-12 months ago
- 1+ years ago
- Never
- Prefer not to answer

When was the last time you kept using alcohol or drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people? (required)

- Past month
- 2-3 months ago
- 4-12 months ago
- 1+ years ago
- Never
- Prefer not to answer

When was the last time your use of alcohol or other drugs caused you to give up or reduce your involvement in activities at work, school, home or social events? (required)

- Past month
- 2-3 months ago
- 4-12 months ago
- 1+ years ago
- Never
- Prefer not to answer

When was the last time you had withdrawal problems from alcohol or other drugs like shaky hands, throwing up, having trouble sitting still or sleeping, or that you used any alcohol or other drugs to stop being sick or avoid withdrawal problems? (required)

- Past month
- 2-3 months ago
- 4-12 months ago
- 1+ years ago
- Never
- Prefer not to answer

Proceed to refer

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