Emploi et Solidarité sociale
Québec

Important Note

Follow-up sheet – Screening

Information About the Outside Resource

Name

Address
Number Street Office

City, town or municipality Postal code

Name of assigned representative

Telephone extension Fax

Ministère office

Name of the assigned person (if applicable)

Telephone extension Fax

Information Regarding the Activity

Name of the activity

Agreement number

Planned dates
Start Year Month Day
Finish Year Month Day

Information about the person

Last name First name File number (CP-12) (if applicable)

Date of birth Year Month Day Social insurance number Telephone (even if confidential)

Home address
Number Street Apartment City, town or municipality Postal code

Other telephone (if applicable)

Specify:

Needs assessment

Taking into account the person's potential, define their needs and identify the obstacles hindering their integration into the workforce.

Reasons for the chosen activity

Explain the link between the defined needs and the proposed activity (goals, expected results, etc.)

Declaration and consent

- ***I hereby declare that the information provided is true.***
- ***I authorize the Ministère and the outside partner to share the information needed to ensure my eventual participation in one or several of the activities offered by the latter.***

Date Signature

Reserved for the Ministère

☐ The person is accepted. ☐ The person was not present.

☐ The person is not accepted. ☐ Other situation

Explanations relative to a rejection or other situation:

Name of the Ministère agent *(print)* Date Signature