

**SIOUX LOOKOUT AREA ABORIGINAL MANAGEMENT BOARD
PROGRAM FOR THE DISABLED**

- **In order for the Sioux Lookout Area Aboriginal Management Board to determine your eligibility to participate in the above-noted program, please complete the questionnaire as completely as possible. Failure to provide the information accurately could delay the start of your participation in the program.**

Name: _____

Address: _____

Social Insurance Number: _____

Birth date: _____

1. Question: Do you have a long-term disability? Yes No Unsure

- Hearing
- Speaking
- Seeing
- Mobility/Agility
- Mental/Psychological
- Attention Disorder
- Learning Disabilities
- Developmentally Delayed
- Chronic Heart Condition
- Arthritis/rheumatoid Arthritis
- Fetal Alcohol Syndrome (FAS)
- Fetal Alcohol Effects (FAE)
- Epilepsy
- Diabetes with complications - Specify _____

2. Question: Do any of the following employment barriers apply to you?

- English as a second language/dialect
- Long-term Social Assistance Recipient
- Criminal Record
- Over 55 years of age
- Over 18 but under 30 years of age
- Single Parent
- Illiteracy
- Substance Addiction
- Other - Specify _____