

Appendices

PPMB Employability Screen (Schedule E – *Employment and Assistance Regulations*)

Number	Criteria	Category of Response	Score
1	What is the person's age?	(a) under 19 (b) 19 to 24 inclusive (c) 25 to 49 inclusive (d) 50 to 65 inclusive	0 1 0 0
2	Apart from the current application, how many times has the person been on Income or Social Assistance anywhere in Canada in the last 3 years?	(a) never (b) 1 to 3 times (c) more than 3 times	0 1 3
3	What is the total amount of time the person has spent on Income or Social Assistance in the last 3 years?	(a) less than 2 months (b) 2 to 12 months (c) more than 12 months	0 3 7
4	What is the highest level of education the person has completed?	(a) post-secondary program degree or diploma (b) some post-secondary (c) high school/GED (d) grade 10 to grade 12 (e) less than grade 10 (f) trade certificate	1 0 0 1 3 0
5	What is the total amount of time the person has spent in paid employment over the last 3 years?	(a) more than 12 months (b) from 3 to 12 months (c) under 3 months (d) none or very limited work experience (e) volunteer work only	0 1 2 4 3
6	What is the person's English speaking ability or literacy level?	(a) good working knowledge of English (b) English as a second language (ESL) or in need of English skills training	0 3

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Employment and Assistance Act*. The collection, use and disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. For any questions concerning the collection, use or disclosure of this information, please contact your local Employment and Assistance Centre.

A - PERSONAL IDENTIFICATION

Last Name		First Name	Middle Name
File Number GA	Personal Health Number		

B - AUTHORITY TO RELEASE INFORMATION (Completed by Client)

I consent to the medical practitioner indicated below disclosing medical information about me, as requested in this form, to the Ministry of Employment and Income Assistance for the purposes of assisting the Ministry to assess employability and to determine if I qualify as a person who has persistent multiple barriers to employment.

Signature of Client	Date Signed (YYYY MMM DD)	Signature of Witness
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C - MEDICAL ASSESSMENT - To be completed by a Medical Practitioner (Please Print)

All questions must be answered completely in order for the Ministry of Employment and Income Assistance to determine how a recipient's medical conditions may affect their employability. Incomplete information will result in the recipient not being adjudicated for the appropriate client category. The contents of this report are confidential, but are subject to the following conditions:

- the report will be shared with the Applicant;
- the report will be shared with the Employment and Assistance Appeal Tribunal if an appeal is initiated; and
- the report may be reviewed by a ministry medical consultant.

1. Medical Condition:

- | | ICD9 or DSM Code | Date of Onset (YYYY MMM DD) |
|--|------------------|-----------------------------|
| a. Primary medical condition: _____ | _____ | _____ |
| b. Secondary medical condition(s): _____ | _____ | _____ |
| c. Please describe any treatment/remedial approaches that have been tried to date or are expected in the future. To what degree have the treatment/remedial approaches improved or are expected to improve the above condition(s). | | |

Treatment (i.e., therapies, medication, surgeries, etc.)	Outcome (i.e. stabilized conditions, no change, patient did not follow treatment, expecting surgery in 12 months)

d. How long has this condition(s) existed? _____ Years _____ Months

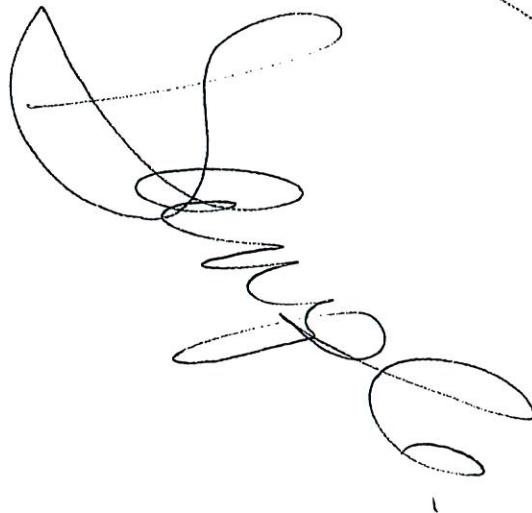
2. Prognosis:

- a. Expected duration of medical condition(s): expected number of weeks: _____ or months: _____ or check appropriate range below:
 1-3 mos. 3-6 mos. 6-9 mos. 9-12 mos. 12-18 mos. 18-24 mos.
 more than 2 years, additional comments: _____
- b. Medical condition(s) is episodic in nature Yes No
- i) How frequently have the episodes occurred? _____
- ii) How frequently are they likely to recur? _____

3. Restrictions:

Please describe the nature of any restrictions specific to the above medical condition(s). (for example, restricted motion in arms or legs) (attach additional pages if required)

<p>4. Additional information: Please enclose copies of documentation that supports the severity and restrictions of the medical condition (e.g., laboratory reports, psychological reports, etc.)</p>	
<p>5. Certification</p> <p>I, _____ am a physician registered with the College of Physicians and Surgeons of British Columbia and licensed to practice clinical medicine in BC.</p> <p><input type="checkbox"/> I am a general practitioner <input type="checkbox"/> I am a specialist in _____</p> <p>This report contains my findings and considered opinion at this time. I have been the patient's medical practitioner for:</p> <p><input type="checkbox"/> 6 months or less <input type="checkbox"/> Over 6 months</p> <p>If under 6 months <input type="checkbox"/> I have examined previous medical records <input type="checkbox"/> I have not examined previous medical records</p>	<p>Address including postal code (stamp or print)</p>
Signature of Medical Practitioner	Date (YYYY MMM DD)
Medical Practitioner Number	Telephone



PPMB Definition

Persons With Persistent & Multiple Barriers to Employment (PPMB)

- 2 (1) To qualify as a person who has persistent multiple barriers to employment, a person must meet the requirements set out in
- (a) subsection (2), and
 - (b) subsection (3) or (4).
- (2) The person has been a recipient for at least 12 of the immediately preceding 15 calendar months of one or more of the following:
- (a) income assistance or hardship assistance under the Act, (b) income assistance, hardship assistance or a youth allowance under a former Act, (c) a disability allowance under the Disability Benefits Program Act, or (d) disability assistance or hardship assistance under the Employment and Assistance for Persons with Disabilities Act.
- (3) The following requirements apply
- (a) the minister
 - (i) has determined that the person scores at least 15 on the employability screen set out in Schedule E, and (ii) based on the result of that employability screen, considers that the person has barriers that seriously impede the person's ability to search for, accept or continue in employment,
 - (b) the person has a medical condition, other than an addiction, that is confirmed by a medical practitioner and that,
 - (i) in the opinion of the medical practitioner,
 - (A) has continued for at least one year and is likely to continue for at least 2 more years, or
 - (B) has occurred frequently in the past year and is likely to continue for at least 2 more years, and
 - (ii) in the opinion of the minister, is a barrier that seriously impedes the person's ability to search for, accept or continue in employment, and
 - (c) the person has taken all steps that the minister considers reasonable for the person to overcome the barriers referred to in paragraph (a).
- (4) The person has a medical condition, other than an addiction, that is confirmed by a medical practitioner and that,
- (a) in the opinion of the medical practitioner,
 - (i) has continued for at least 1 year and is likely to continue for at least 2 more years, or
 - (ii) has occurred frequently in the past year and is likely to continue for at least 2 more years, and
 - (b) in the opinion of the minister, is a barrier that precludes the person from searching for, accepting or continuing in employment. (B.C. Reg. 263/2002)