



## BC Centre for Ability Opportunities Fund Program

### Case Manager Rationale for Adaptive Equipment

|                              |                              |
|------------------------------|------------------------------|
| <b>APPLICANT'S NAME:</b>     | <b>SIN:</b>                  |
| <b>CASE MANAGER NAME:</b>    | <b>AGENCY:</b>               |
| <b>CASE MANAGER'S PHONE:</b> | <b>CASE MANAGER'S EMAIL:</b> |

1. TARGET OCCUPATION / EMPLOYMENT GOAL

2. PLEASE DETAIL WHAT BARRIERS ARE PREVENTING THE APPLICANT FROM OBTAINING THIS GOAL

3. CURRENT EMPLOYMENT INTERVENTIONS OR STATUS I.E. JOB CLUB, WORK EXPERIENCE, PART-TIME JOB...

4. DESCRIBE THE NATURE OF THE APPLICANT'S DISABILITY

5. PLEASE SPECIFY WHAT EQUIPMENT THIS APPLICANT REQUIRES IN ORDER TO BE SUCCESSFUL IN FINDING OR MAINTAINING WORK

6. OTHER RELATED INFORMATION

PLEASE ATTACH:

A COPY OF THE WORKBC ACTION PLAN

SUPPORTING DOCUMENTATION, I.E. DIAGNOSTICS, MEDICAL REPORTS, FUNCTIONAL ASSESSMENTS