ANNEX E

Government of Canada / Gouvernement du Canada

Contract Number / Numéro du contrat	
G1169-11-0019	
Security Classification / Classification de sécurité	

SECURITY REQUIREMENTS CHECK LIST (SRCL)
LISTE DE VÉRIFICATION DES EXIGENCES RELATIVES À LA SÉCURITÉ

PART A - CONTRACT INFORMATION / PARTIE A - INFORMATION CONTRACTUELLE

1. Originating Government Department or Organization / Ministère ou organisme gouvernemental d'origine	2. Branch or Directorate / Direction générale ou Direction
HRSDC-SC ATL Region	PPSB - DSB
3. a) Subcontract Number / Numéro du contrat de sous-traitance	**3. b) Name and Address of Subcontractor / Nom et adresse du sous-traitant**

4. Brief Description of Work / Brève description du travail
To establish contracts for providing vocational rehabilitation services to CPPD beneficiaries

5. a) Will the supplier require access to Controlled Goods? Le fournisseur aura-t-il accès à des marchandises contrôlées?	☑ No Non ☐ Yes Oui
5. b) Will the supplier require access to unclassified military technical data subject to the provisions of the Technical Data Control Regulations? Le fournisseur aura-t-il accès à des données techniques militaires non classifiées qui sont assujetties aux dispositions du Règlement sur le contrôle des données techniques?	☑ No Non ☐ Yes Oui
6. Indicate the type of access required / Indiquer le type d'accès requis	
6. a) Will the supplier and its employees require access to PROTECTED and/or CLASSIFIED information or assets? Le fournisseur ainsi que les employés auront-ils accès à des renseignements ou à des biens PROTÉGÉS et/ou CLASSIFIÉS? (Specify the level of access using the chart in Question 7. c) (Préciser le niveau d'accès en utilisant le tableau qui se trouve à la question 7. c)	☐ No Non ☑ Yes Oui
6. b) Will the supplier and its employees (e.g. cleaners, maintenance personnel) require access to restricted access areas? No access to PROTECTED and/or CLASSIFIED information or assets is permitted. Le fournisseur et ses employés (p. ex. nettoyeurs, personnel d'entretien) auront-ils accès à des zones d'accès restreintes? L'accès à des renseignements ou à des biens PROTÉGÉS et/ou CLASSIFIÉS n'est pas autorisé.	☑ No Non ☐ Yes Oui
6. c) Is this a commercial courier or delivery requirement with no overnight storage? S'agit-il d'un contrat de messagerie ou de livraison commerciale entreposage sans de nuit?	☑ No Non ☐ Yes Oui

7. a) Indicate the type of information that the supplier will be required to access / Indiquer le type d'information auquel le fournisseur devra avoir accès

Canada ☑	NATO / OTAN ☐	Foreign / Étranger ☐

7. b) Release restrictions / Restrictions relatives à la diffusion

No release restrictions / Aucune restriction relative à la diffusion ☑	All NATO countries / Tous les pays de l'OTAN ☐	No release restrictions / Aucune restriction relative à la diffusion ☐
Not releasable / À ne pas diffuser ☐		
Restricted to: / Limité à : ☐	Restricted to: / Limité à : ☐	Restricted to: / Limité à : ☐
Specify country(ies): / Préciser le(s) pays :	Specify country(ies): / Préciser le(s) pays :	Specify country(ies): / Préciser le(s) pays :

7. c) Level of Information / Niveau d'information

PROTECTED A / PROTÉGÉ A ☐	NATO UNCLASSIFIED / NATO NON CLASSIFIÉ ☐	PROTECTED A / PROTÉGÉ A ☐
PROTECTED B / PROTÉGÉ B ☑	NATO RESTRICTED / NATO DIFFUSION RESTREINTE ☐	PROTECTED B / PROTÉGÉ B ☐
PROTECTED C / PROTÉGÉ C ☐	NATO CONFIDENTIAL / NATO CONFIDENTIEL ☐	PROTECTED C / PROTÉGÉ C ☐
CONFIDENTIAL NATO / CONFIDENTIEL ☐	SECRET / NATO SECRET ☐	CONFIDENTIAL / CONFIDENTIEL ☐
SECRET COSMIC / SECRET ☐	TOP SECRET / COSMIC TRÈS SECRET ☐	SECRET / SECRET ☐
TOP SECRET / TRÈS SECRET ☐		TOP SECRET / TRÈS SECRET ☐
TOP SECRET (SIGINT) / TRÈS SECRET (SIGINT) ☐		TOP SECRET (SIGINT) / TRÈS SECRET (SIGINT) ☐

GC-TBS350103(2005-03-001)B

Security Classification / Classification de sécurité
unclassified

Canada

Government of Canada / Gouvernement du Canada

Contract Number / Numéro du contrat
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PART A (continued) / PARTIE A (suite)

8. Will the supplier require access to PROTECTED and/or CLASSIFIED COMSEC information or assets? — No / Non ☑ Yes / Oui ☐
Le fournisseur aura-t-il accès à des renseignements ou à des biens COMSEC désignés PROTÉGÉS et/ou CLASSIFIÉS?
If Yes, indicate the level of sensitivity:
Dans l'affirmative, indiquer le niveau de sensibilité :

9. Will the supplier require access to extremely sensitive INFOSEC information or assets? — No / Non ☑ Yes / Oui ☐
Le fournisseur aura-t-il accès à des renseignements ou à des biens INFOSEC de nature extrêmement délicate?

Short Title(s) of material / Titre(s) abrégé(s) du matériel :

Document Number / Numéro du document :

PART B - PERSONNEL (SUPPLIER) / PARTIE B - PERSONNEL (FOURNISSEUR)

10. a) Personnel security screening level required / Niveau de contrôle de la sécurité du personnel requis

☑ RELIABILITY STATUS / COTE DE FIABILITÉ	☐ CONFIDENTIAL / CONFIDENTIEL	☐ SECRET / SECRET	☐ TOP SECRET / TRÈS SECRET
☐ TOP SECRET– SIGINT / TRÈS SECRET – SIGINT	☐ NATO CONFIDENTIAL / NATO CONFIDENTIEL	☐ NATO SECRET / NATO SECRET	☐ COSMIC TOP SECRET / COSMIC TRÈS SECRET
☐ SITE ACCESS / ACCÈS AUX EMPLACEMENTS			

Special comments:
Commentaires spéciaux :

NOTE: If multiple levels of screening are identified, a Security Classification Guide must be provided.
REMARQUE : Si plusieurs niveaux de contrôle de sécurité sont requis, un guide de classification de la sécurité doit être fourni.

10. b) May unscreened personnel be used for portions of the work? — No / Non ☑ Yes / Oui ☐
Du personnel sans autorisation sécuritaire peut-il se voir confier des parties du travail?

If Yes, will unscreened personnel be escorted? — No / Non ☐ Yes / Oui ☐
Dans l'affirmative, le personnel en question sera-t-il escorté?

PART C - SAFEGUARDS (SUPPLIER) / PARTIE C - MESURES DE PROTECTION (FOURNISSEUR)

INFORMATION / ASSETS / RENSEIGNEMENTS / BIENS

11. a) Will the supplier be required to receive and store PROTECTED and/or CLASSIFIED information or assets on its site or premises? — No / Non ☐ Yes / Oui ☑
Le fournisseur sera-t-il tenu de recevoir et d'entreposer sur place des renseignements ou des biens PROTÉGÉS et/ou CLASSIFIÉS?

11. b) Will the supplier be required to safeguard COMSEC information or assets? — No / Non ☑ Yes / Oui ☐
Le fournisseur sera-t-il tenu de protéger des renseignements ou des biens COMSEC?

PRODUCTION

11. c) Will the production (manufacture, and/or repair and/or modification) of PROTECTED and/or CLASSIFIED material or equipment occur at the supplier's site or premises? — No / Non ☑ Yes / Oui ☐
Les installations du fournisseur serviront-elles à la production (fabrication et/ou réparation et/ou modification) de matériel PROTÉGÉ et/ou CLASSIFIÉ?

INFORMATION TECHNOLOGY (IT) MEDIA / SUPPORT RELATIF À LA TECHNOLOGIE DE L'INFORMATION (TI)

11. d) Will the supplier be required to use its IT systems to electronically process, produce or store PROTECTED and/or CLASSIFIED information or data? — No / Non ☐ Yes / Oui ☑
Le fournisseur sera-t-il tenu d'utiliser ses propres systèmes informatiques pour traiter, produire ou stocker électroniquement des renseignements ou des données PROTÉGÉS et/ou CLASSIFIÉS?

11. e) Will there be an electronic link between the supplier's IT systems and the government department or agency? — No / Non ☑ Yes / Oui ☐
Disposera-t-on d'un lien électronique entre le système informatique du fournisseur et celui du ministère ou de l'agence gouvernementale?

Security Classification / Classification de sécurité: unclassified

Canada

Government of Canada / Gouvernement du Canada

Contract Number / Numéro du contrat
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PART C - (continued) / PARTIE C - (suite)

For users completing the form manually use the summary chart below to indicate the category(ies) and level(s) of safeguarding required at the supplier's site(s) or premises.
Les utilisateurs qui remplissent le formulaire manuellement doivent utiliser le tableau récapitulatif ci-dessous pour indiquer, pour chaque catégorie, les niveaux de sauvegarde requis aux installations du fournisseur.

For users completing the form online (via the Internet), the summary chart is automatically populated by your responses to previous questions. Dans le cas des utilisateurs qui remplissent le formulaire en ligne (par Internet), les réponses aux questions précédentes sont automatiquement saisies dans le tableau récapitulatif.

SUMMARY CHART / TABLEAU RÉCAPITULATIF

Category / Catégorie	PROTECTED / PROTÉGÉ			CLASSIFIED / CLASSIFIÉ			NATO				COMSEC					
	A	B	C	CONFIDENTIAL / CONFIDENTIEL	SECRET	TOP SECRET / TRÈS SECRET	NATO RESTRICTED / NATO DIFFUSION RESTREINTE	NATO CONFIDENTIAL / NATO CONFIDENTIEL	NATO SECRET	COSMIC TOP SECRET / COSMIC TRÈS SECRET	PROTECTED / PROTÉGÉ A	PROTECTED / PROTÉGÉ B	PROTECTED / PROTÉGÉ C	CONFIDENTIAL / CONFIDENTIEL	SECRET	TOP SECRET / TRÈS SECRET
Information / Assets / Renseignements / Biens		✔														
Production																
IT Media / Support TI		✔														
IT Link / Lien électronique																

12. a) Is the description of the work contained within this SRCL PROTECTED and/or CLASSIFIED?
La description du travail visé par la présente LVERS est-elle de nature PROTÉGÉE et/ou CLASSIFIÉE?

☑ No / Non ☐ Yes / Oui

If Yes, classify this form by annotating the top and bottom in the area entitled "Security Classification".
Dans l'affirmative, classifier le présent formulaire en indiquant le niveau de sécurité dans la case intitulée « Classification de sécurité » au haut et au bas du formulaire.

12. b) Will the documentation attached to this SRCL be PROTECTED and/or CLASSIFIED?
La documentation associée à la présente LVERS sera-t-elle PROTÉGÉE et/ou CLASSIFIÉE?

☑ No / Non ☐ Yes / Oui

If Yes, classify this form by annotating the top and bottom in the area entitled "Security Classification" and indicate with attachments (e.g. SECRET with Attachments).
Dans l'affirmative, classifier le présent formulaire en indiquant le niveau de sécurité dans la case intitulée « Classification de sécurité » au haut et au bas du formulaire et indiquer qu'il y a des pièces jointes (p. ex. SECRET avec des pièces jointes).

Government of Canada / Gouvernement du Canada

Contract Number / Numéro du contrat	
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Security Classification / Classification de sécurité	

PART D - AUTHORIZATION / PARTIE D - AUTORISATION

13. Organization Project Authority / Chargé de projet de l'organisme

Name (print) - Nom (en lettres moulées)	Title - Titre	Signature
Fraser Drover	Dir. ATL PPSB-DSB	

Telephone No. - No de téléphone	Facsimile No. - No de télécopieur	E-mail address - Adresse courriel	Date
(709) 772-5659	(709) 772-0945	fraser.drover@servi	Dec 9, 2011

14. Organization Security Authority / Responsable de la sécurité de l'organisme

Name (print) - Nom (en lettres moulées)	Title - Titre	Signature
Cheryl Brown	Reg Manager Int Sec	Cheryl Brown

Telephone No. - No de téléphone	Facsimile No. - NO de télécopieur	E-mail address - Adresse courriel	Date
(506) 627-2010	(506) 627-2273	cheryl.brown@hrsdc-rhdcc.gc.ca	Dec. 12/2011

15. Are there additional instructions (e.g. Security Guide, Security Classification Guide) attached?
Des instructions supplémentaires (p. ex. Guide de sécurité, Guide de classification de la sécurité) sont-elles jointes?
☐ No / Non ☐ Yes / Oui

16. Procurement Officer / Agent d'approvisionnement

Name (print) - Nom (en lettres moulées)	Title - Titre	Signature

Telephone No. - No de téléphone	Facsimile No. - No de télécopieur	E-mail address - Adresse courriel	Date
( ) -	( ) -		

17. Contracting Security Authority / Autorité contractante en matière de sécurité

Name (print) - Nom (en lettres moulées)	Title - Titre	Signature

Telephone No. - No de téléphone	Facsimile No. - NO de télécopieur	E-mail address - Adresse courriel	Date
( ) -	( ) -		

RFP 2011 CPPD Voc Rehab – ATL Region

APPENDIX "A"

Hypothetical Case Study #1

Female client age 47 married with two children (girl - age 15 and a boy - age 13) and completed grade eleven education. She lives in a 3 bedroom duplex, has a mortgage, operates an 8 year old car and lives ½ hr from main city.

She last worked at Tim Horton's 25-30 hours week for 3 years prior to stopping work in 2006 with kidney failure.

Previous Occupations: Receptionist-Retail Sales -

CPP Granted August 2007

Financial Status:
Client's sources of income include CPP disability benefits of approximately $940.00 per month including benefits for the 2 children. Client is married and spouse is seasonal employed labourer.

Medical History:
Client is an insulin dependent diabetic with mild diabetic neuropathy. She underwent a kidney transplant in 2008; she is stable at this time with no signs of rejection. There is a past history of alcohol abuse in 2005.

Current Status:
Client initiated the contact with CPP to request assistance to return to work to provide a higher standard of living for her children and to enrich her own life. Also aware that spouse does not have dependable income. While she reported that her diabetes had stabilized, she indicated that she still has a feeling "pins & needles in her hands & feet. Investigations have shown some progression of neuropathy. She attends the local diabetic clinic and monitors her glucose on a regular exercise. Weight is maintained at an ideal body mass. Her kidney function is stable. She attends water exercise class 3 times per week for stress relief. Client does have several other external stressors. Her daughter is pregnant and plans to live in house once the baby is born. Some issues with son who has "struggles in school." Describes spouse as supportive and "good help around house & handyman".

APPENDIX "A" (cont)

HYPOTHETICAL CASE STUDY #2

Male client age 37, separated with one child age 2, completed grade 12 and on the job training. He presently resides with his parents. He last worked as a longshoreman prior to stopping work in 2008 because of a motor vehicle accident. CPPD benefits granted August 2008.

Referral Source: Local employment counsellor.

Financial Status: Client's sources of income include CPP disability benefits of approximately $963.67. The disabled contributor's child benefit is paid to his ex-spouse. He resides with his parents.

Medical History:
Mr. Black applied for CPP disability benefits in February 2009. He stopped work in August 2008 as a longshoreman when he was involved in a motor vehicle accident and suffered a closed head injury, a right acetabular fracture, a sciatic nerve injury and a pneumothorax. He received several surgeries and extensive rehabilitation through a local rehabilitation center. He has a leg length discrepancy and ongoing cognitive issues. He has also developed anxiety and depression since his accident.

Current Status:

Mr. Black feels physically fit. He attends gym on a regular basis. His driving privileges were recently reinstated. He feels that returning to work would improve his mental status. He has been seeing an employment counsellor specialized in head injuries. Mr. Black indicates he would like to return to work in his last employment as a longshoreman for the Port of Saint Nicholas. He states he is not ready to retire at age 37 and wants to go back to his previous job. Client stated he had spoken to people at work and his union who felt he was employable. The client's employment counsellor indicates that he has come a long way since his initial injury, that he is a fighter, and that he has gone through leaps and bounds to come this far. Employment counsellor asks if CPPD VR can pay for client's retesting to regain his permits to operate heavy equipment. Mr. Black refused to consider other options as he has worked as a longshoreman all his life and earned over $30 an hour.

A referral is initiated to a rehabilitation consultant for an initial assessment and recommendations for a RTW plan.

During the course of the initial assessment, additional information is forwarded from the Service Canada Vocational Rehabilitation Case Manager to the rehabilitation consultant. This consisted of a neuropsychological assessment that

APPENDIX "A" (cont)

was performed in August 2011 in order to reassess the client's cognitive function at maximal medical recovery. The neurophysiologist indicated that Mr. Black had made progress and is now independent in all of his activities of daily living. She explained the client is now able to drive. However, he continued to require assistance from his parents to manage his finances and to care for his son on weekends. She stated the client is physically well and has made some progress cognitively. The specialist explained that neuropsychological testing revealed the client continued to show impairments in attention and executive functions. Although there was improvement in comparison to previous testing, there remained consistent struggles in working memory and processing of information in a quick and consistent manner. Weakness in attention and processing speed negatively impacted on learning new information. The client also lacked insight. As well, he had a residual dysfunction in fine motor movements affecting his predominantly left upper extremity. The neurophysiologist recommended vocational counselling. However, she explained that neuropsychological testing does not translate results as to whether a person can perform a set of skills required for a certain occupation.

The Service Canada Vocational Rehabilitation Case Manager also forwarded notes from a recent conversation with the client during which the client was very irate due to ongoing litigations with his ex-spouse regarding custody of his son.

APPENDIX "B"

INITIAL ASSESSMENT REPORT GUIDELINES

***The following is not a template for the reporting format; rather, it is a guide line for areas that should be addressed.**

Client Name:

Client SIN:

Date of Referral:
Date of Report:
Service Provider:
Consultant:
Date of Interview with Client:
Date of Interview with Employer:
Date of Interview with Physician:

Client Address and Telephone #:

Diagnosis:

Specific reasons for referral:

Please ensure your report addresses the areas identified below:

1. **Psychosocial Profile**
   Subjective:
   - General impression of the client
   - General attitude of the client
   - Motivation: what are the incentives, disincentives to return to work (RTW)
   - Cognitive status
   - Emotional status

   Objective:
   - Client personal and vocational goals
   - Client perceived level of disability/capacity
   - Support available
   - Family situation and obligations

2. **Description of client's home environment**
   - Family situation (including obligations and available supports)

   Note: If the client is not met in his/her own home, provide the client's reason(s) for not meeting there.

3. **Medical and Rehabilitative Interventions (May be contained in physician report)**
   - Main and secondary diagnosis(es)
   - Recent medical interventions including client's compliance and response
   - Past and current rehabilitation including client's compliance and response
   - Change in medical status since benefits granted
   - Prognosis: potential for "Medical instability"
   - Signed letter by Physician

APPENDIX "B" (cont)

INITIAL ASSESSMENT REPORT GUIDELINES

- Special considerations, restrictions to RTW
- List of current medications taken by client
- Need/use of assistive devices

4. Education/Vocational Profile

- Previous testing (aptitude, interest, vocational, etc.) results and/or interpretation if available
- Previous VR activities and programs
- Formal and informal education, course, certificate, dates of completion
- All previous work experience (occupations, duration, salary, job descriptions)
- Transferable skills
- Client vocational goals, expectations of a return to work program
- Employer's willingness to accommodate the client, provide alternative work, proposed schedule and salary (if applicable)
- Employability profile: academic skills, personal management skills, teamwork skills
- Interests, hobbies and volunteer work
- Volunteer work

5. Financial situation

- Revenues and expenses from other sources
- Coverage under other Programs (Student Loan, EI Program, WCB, Long-Term Disability Insurers, Auto Insurer, Social Assistance, etc.)

6. Functional Status

- Provide a description of the client's past and current functional level based on the client, physician and employer (if applicable) interviews (report of employer interview to be attached if applicable) clarifying the type of impairment affecting the client and how it affects current activities: self-care work and leisure, transportation, childcare, etc.
- List those barriers to employment and identify those that can be decreased/ minimized
- Identify whether or not the client's goals are realistic and within the CPPD Vocational Rehabilitation Program mandate

7. Employer interview

- Brief description of the activities performed in the client's own job and whether it is still available
- Accommodations the employer is willing to make, if necessary
- Availability of alternate work
- Client's work attitude and attendance

8. Partner interview

- Overview of planning and/or assessments done to date

APPENDIX "B" (cont)

INITIAL ASSESSMENT REPORT GUIDELINES

- Cost sharing opportunity
- Type of resource available
- Information sharing

Recommendations:

Prior to making any recommendations for further service or intervention, please state clearly your opinion regarding the client's rehabilitation potential. For example:

a. The client has rehabilitation potential and is likely to succeed with minimal intervention;
b. The client has some rehabilitation potential but may require more extensive intervention due to identified barriers;
c. The client's potential is not clear and needs further exploration; or
d. The client has no rehabilitation potential and should not participate in the program

Provide an explanation for your recommendation and justify the need for CPPD investment in a Vocational Rehabilitation Program.

Provide your opinion regarding whether or not the client remains totally disabled from performing any substantially gainful occupation, and your impression of his/her abilities.

Provide recommendations, with rationale, for activities required for next reporting period with estimated costs.

_____ _____

Consultant Signature Date

RFP 2011 CPPD Voc Rehab – ATL Region

APPENDIX "C"

Labour Market Analysis

Client Name:

Date of Report:

Client Address & Tel #:

Service Providers name and tel #:

A Labour Market Survey for _*(list type of occupation)*_ was complete by (*service providers name*). All labour market research was conducted on _____ (or) between _____ and _____.

Researched Positions
(It is expected that three companies will be contacted by the service provider and five by the client)

Position:
Contact:
Qualifications and responsibilities:
Tools & equipment utilized:
Security clearance required (*yes or no*):
Company benefits:
Available positions (past, current and predicted):

Company:
Location:
Physical requirements:
Travel requirements:
Salary range:
Hours:
Accessibility:

Repeat above group of headings for each company contacted.

Summary: (*Address whether the job market in the client's area of residence, as per the information gathered above, supports his/her career choice*)

Enclosures: Client's labour market research and job postings.

_____(*signature*)_____
Consultant's Name

APPENDIX "D"
CPPD Vocational Rehabilitation Program:
Individual Written Rehabilitation Plan Guidelines

Initial Date:	Revised Date:
SIN:	
Client Name:	CPPD Case Manager Contact:
Date of Birth:	Rehabilitation Consultant:
Address:	Address:
Phone:	Phone:
	Fax:

Previous Occupation:
Education:
Future Job Expectations:

Return to work (Same employer)
- Same occupation
- Alternate Job
- Modified work

Return to Work (new employer)
- Same occupation
- Alternate Job
- Modified work
-

Self-Employment
- Same occupation
- Alternate job
- Modified work

Rehabilitation Goals Short / Long Term
Objective #1
Objective #2
Objective #3

APPENDIX "D" (cont)
CPPD Vocational Rehabilitation Program:
Individual Written Rehabilitatio Plan Guidelines

Date:			Revised Date:		
Client Name:			SIN:		
Objective	**Services/ Strategies Required**	**Provider**	**Cost**	**Start Date**	**End Date**

Funding		
Partner: $ **Contractor: $** ***(Service Fees)***	**CPPD benefits: $** **VR Expenses: $** ***(disbursements)***	**Total Cost (*not including CPPD benefits or partner Contributions*): $**

Additional Comments:

- Following the completion of your study program, a job search period and/or work trial may be granted. Your CPP Disability benefits could continue to be paid during such time at the discretion of the Vocational Rehabilitation Case Manager (VRCM).
- You must notify your case manager of any changes in your life situation (medical condition, school, employment, address and telephone number) which could potentially compromise your vocational rehabilitation plan.
- In the event that you decide not to comply with your Individual Written Rehabilitation Plan (IWRP) which you have signed, you could risk losing the vocational rehabilitation services provided by CPP.

Total Projected Costs:

I agree to comply and take responsibility for my own rehabilitation plan. I understand the plan may change as required throughout the rehabilitation process and maybe subject to further review and signatures.

Client Signature:	Date:
Consultant Signature:	Date:
CPPD Case Manager Signature:	Date:

I agree with the rehabilitation plan as outlined. There are no medical concerns re: the client's active participation in this rehabilitation plan.

Physician's Signature:	Date
Comments	

APPENDIX "E"

PROGRESS REPORT GUIDELINES

Client Name: **Consultant's Name:**

Client SIN: **Consultant's Tel/Cell #:**

Client Tel/Cell #:

Client Address:

Date of Last Progress Report:

Phase Client in:

Assessment Phase _____

Planning Phase _____

Intervention Phase _____

Follow-Up and On-The-Job Evaluation _____

NOTE: Do not repeat information contained in previous reports or in the referral information.

1. List of all activities performed since the last progress report and date for each activity (the date for billable activities should match the date on the invoice).

2. Summary of Contacts:
   - Client
   - Employer
   - Physician: all medical and disability related information provided by the treating physician should be confirmed in writing and should include a date and the signature of the physician.
   - Others

3. Job Development/Placement Activities:
   - List specific employers contacted
   - Job and salary information
   - Employer response/outcome

4. Community resources used during the reporting period.

APPENDIX "E" (cont)

PROGRESS REPORT GUIDELINES

5. Degree of client's follow through and cooperation comment on the interest, motivation and specific efforts initiated by the client.

6. Barriers emerging which may delay the rehabilitation process and actions taken/ recommendations.

7. Evidence of capacity or incapacity to work.

8. Next significant milestones for client.

9. Projected costs to complete the case.

10. Specific recommendations.

11. Justification for change in rehabilitation cost and/or plan.

12. Prognosis on outcome: chance of success vs. failure.

13. Outcome.

14. Service Canada Vocational Rehabilitation Case Manager action requested.

_____ _____

Consultant Signature Date

APPENDIX "F"
Requested Content
CPP Disability Vocational Rehabilitation
JOB SEARCH AGREEMENT

Original _____Revised _____If Yes, Revision # _____Date: _____

Client Name:	**CPPD Case Manager:**
Client SIN:	**Rehabilitation Consultant:**
Phone:	**Phone:**

As a component of (*client's name*) active participation in Canada Pension Plan's (CPP) Disability Vocational Rehabilitation Program, CPP has agreed to sponsor (*client name*) in a _____ **month job search** facilitated by (*Service Provider's name*) from (*date*) to (*date*).

(*Client's name*) will be provided Employer Contact Sheets by (*Service Provider*) in order to document job search efforts on a bi-weekly basis. (*Client's name*) is expected to contact a **minimum of _____ employers per day (_____ employers per week)** and to submit these to (*Service Provider*) every two weeks.

(*Client's name*) agrees to focus job search efforts in the following occupations: (list occupation(s) here).

(*Service Provider's name*) agrees to ongoing regular weekly communication with (*client's name*) to assist with the Job Search process. This assistance may include the provision of additional copies of résumés and cover letters when required, the identification of potential employers and job opportunities (and/or sources where these can be obtained) as well as ongoing job search support throughout the job search period.

Should (*client's name*) be successful in his/her efforts to secure paid substantially gainful employment within the _____ month job search period his/her disability benefits will be extended during a work trial for a minimum of three months. (*Client's name*) agrees to inform (*Service Provider's*) of all employment and employment-related earnings obtained during the job search and work trial period.

I agree to comply with the conditions outlined above and to take responsibility for carrying out my own job search to the best of my ability.

Client Signature:	**Date:**
Service Provider's Signature:	**Date:**

APPENDIX "G"
REQUESTED CONTENT

CPP Disability Vocational Rehabilitation
EMPLOYER CONTACT SHEET

Client Name _____ **SIN:** _____

Date	Contact Type (phone, email, fax, in-person)	Company (Name and Address)	Contact Person (phone number)	Call Back	Apply In-Person	Submit Resume or application	Job interview or info interview
		Name: Address:		Date: Time:	Date:	Date:	Date: Time: Contact:
		Name: Address:		Date: Time:	Date:	Date:	Date: Time: Contact:
		Name: Address:		Date: Time:	Date:	Date:	Date: Time: Contact:
		Name: Address:		Date: Time:	Date:	Date:	Date: Time: Contact:
		Name: Address:		Date: Time:	Date:	Date:	Date: Time: Contact:

APPENDIX "H"
RTW FOLLOW-UP REPORT
GUIDELINES

Client Name: **Client Tel/Cell#:**

Client SIN:

Client Address:

Consultant Name: **Consultant Tel/Cell #**

1. General information on employment

- Employer's Name:
- Employer's Address:
- Type of Work:
- Hours of Work Per: Day
  Week
- Rate of Pay Per: Hour
  Week
  Month
- Total Earnings By Month:
- Date Work Ceased (if applicable);
- Reason Work Ceased:
- Is Work: Continuing/Permanent
  Temporary (end date)
  Seasonal (end date)
  Self-Employment
- If Part-Time Work: Due to Client's Choice
  Only Available Work
  All the Client Can Do

2. Evaluation of performance as perceived by the Supervisor (complete only upon direction of Service Canada Vocational Rehabilitation Case Manager)

- Special arrangement made by the employer to accommodate
- Any time lost due to illness?

  If Yes, provide reason(s):

APPENDIX "H" (cont)
RTW FOLLOW-UP REPORT
GUIDELINES

-
- Client tolerance regarding job demands
  Describe any difficulties:

3. Evaluation of performance as perceived by the Client

- Special arrangement made by the employer to accommodate
- Any time lost due to Illness?
  If YES, provide reason(s):

- Client tolerance regarding job demands
  Describe any difficulties:

4. Major problems/issues identified

5. Recommendations

_____ _____

Consultant Signature Date

APPENDIX "I"
CLOSURE REPORT
GUIDELINES

Client Name: **Client Tel/Cell #:**

Client Address:

Client's SIN:

Consultant Name: **Consultant Tel/Cell#**

1. Overview of complete IWRP activities and outcome.

2. Evidence of client's capacity or incapacity to return to substantially gainful occupation:

3. If unable to obtain substantially gainful employment, provide recommendations where applicable:

4. Total invoiced costs on this case:

_____ _____

Consultant Signature Date

APPENDIX "J"
QUARTERLY ADMINISTRATIVE REPORT/ REQUESTED FORMAT AND CONTENT

The quarterly report is an administrative report used by CPPD to assess the level of expenditure in relation to Service Provider limitation on expenditure and to reconcile CPPD statistical/financial data with the Service Provider's statistical/financial data. This report will include statistical information up to the last working day of each quarter – June, September, December and March.

The quarterly report should be submitted within 2 weeks of the last working day of each quarter.

1. **Active Client Status**
   For all CPPD clients in progress, please provide the following information on each client, grouping clients by the appropriate Service Provider Rehabilitation Consultants.
   - Client's Name
   - SIN
   - Location: Town and Province
   - Nature of Disability
   - Status: Active, On Hold, etc.
   - Phase:
   - Date of Referral to the service provider
   - Anticipated Date of Closure and/or Cease:
   - Total Estimated Cost of the Program (estimated if rehab not terminated)
   - Invoiced Expenditure to Date if Still Active (written approval given by Service Canada Vocational Rehabilitation Case Manager)
   - Projected Expenditure Required to Complete the Case
   - Total Expenditure in Current Quarter
   - Name of Rehabilitation Consultant
   - Name of Service Canada Vocational Rehabilitation Case Manager

2. **Clients Inactive**
   - Name
   - SIN
   - Date of Referral
   - Date of Hold/Closure/Cease
   - Total Expenditure Billed on the Client

3. **Standing Offer Status**
   - Expenditure (Invoiced Total Costs) from Date of Award to Current Date
   - Expenditure (Invoiced Total Costs) in the Current Quarter

Your Name (Please Print)	Name of Service Provider	Title (Please Print)
Phone Number	Signature	Date

APPENDIX "K"
General Invoicing-Requested Content

Client's full name	**Date:**
SIN	**Revision (Y/N)**
Service Provider File #/Invoice Number	
Rehab consultant name	**CPPD case manager**

Total Service Fees to date	**$**
Total Disbursements to date	**$**_____
Total Accumulated Fee to Date	**$**
(Include this invoice for all of the above)	

SERVICES/DISBURSEMENT

Service Fees			**$**
Initial Assessment (including report):			$
Vocational Confirmation/Exploration Activity		$	
Specialized Assessment(s)		$	
IWRP	$___/Hr.x___ hr =		$
Revised IWRP	$___/Hr.x___ hr =	$	
Client Development and Skills Training	$___/Hr.x___ hr =	$	
Job Search Activity:	$___/Hr.x___ hr =	$	
a) Job Search Preparation:	$___/Hr.x___ hr =	$	
b) Job Search Assistance:	$___/Hr.x___ hr=		$
c) Job Development and Placement:	$___/Hr.x___ hr=	$	
Follow-up and On-the-job evaluation	$___/Hr.x___ hr=		$
Reports:			
a) Progress Report	$___/Hr.x___hrs=		$
b) Return to Work Report	$___/Hr.x___hrs=	$	
c) Closure Report	$___/Hr.x___hrs=		$
Travel-Consultant Travel Time $Professional Ratex50%xhrs=		$	
Service Fee Subtotal		$	
Plus HST			$
TOTAL SERVICE FEE PLUS HST			$
Disbursements/Travel expenses (at cost, no mark-up)			
Specialized Assessment(s)			$
Client Development and Skills Training (i.e., tuition, training)			$
Job Search Activity (if sub-contracted)			$
Consultant/Client Travel (see travel claim form)			$
Other (specify)			$
DISBURSEMENT FEE TOTAL (no additional HST)			$
TOTAL SERVICE FEES AND DISBURSEMENT COSTS			$

SIGNATURE _____ DATE _____

Note: A detailed and itemized list is required for all expenses claimed. For all travel expenses please attach a completed travel expense claim invoice form. Original receipts are required. When submitting a revised invoice please indicate "Revised" beside the date at the top. Travel costs will be paid according to Treasury Board Policy.

Appendix "L"
TRAVEL EXPENSE CLAIM-Request Content

To be completed by the Traveller (Client/Contractor)

Organization or name:	**Invoice # /SIN** _____
Home Address:	
City:	
Postal Code:	
Start date of travel:	**End date of travel:** _____
Time of departure:	**Time of return:** _____
Destination:	**Reason for travel:** _____
Total days traveled for this invoice	

Transportation

Air fare as per ticket		$
Taxi, Bus, Train		$
Car: Rate/Km	$___x Km travelled___=	$
Other (specify)		
	Subtotal	**$**

Meals and Incidentals

Breakfast	$____x____days	$
Lunch	$____x____days	$
Dinner	$____x____days	$
Incidentals (for overnight stay only)	$____x____days	$
	Subtotal	**$**

Accommodations

Hotel/Motel	$____x____days	$
Other (specify)	$____x____days	$
	Subtotal	**$**

TOTAL EXPENDITURES	**$**

Traveller's Signature:_____ **Date:**_____

Note: This form must accompany the invoice and is subject to the Treasury Board Policy. Receipts and itemized invoice required, if applicable.

APPENDIX M

Vocational Rehabilitation Consultants and Job Developers

Please use as many sheets as required.

Name:	Proposed for: Vocational Rehabilitation Consultant Job Developer Both	Resume attached on page _______ RRP CCRC	Proposed for the following areas: Newfoundland and Labrador Nova Scotia and Prince Edward Island New Brunswick
Name:	Proposed for: Vocational Rehabilitation Consultant Job Developer Both	Resume attached on page _______ RRP CCRC	Proposed for the following areas: Newfoundland and Labrador Nova Scotia and Prince Edward Island New Brunswick
Name:	Proposed for: Vocational Rehabilitation Consultant Job Developer Both	Resume attached on page _______ RRP CCRC	Proposed for the following areas: Newfoundland and Labrador Nova Scotia and Prince Edward Island New Brunswick

APPENDIX N

Demonstrated Network for Specialized Assessments

(please use as many sheets as required to clearly demonstrate your network)

For Area 1: Newfoundland and Labrador

Name/proposed company with address and telephone numbers:	Summary of Qualifications:	Services which they will be providing: Neuropsych Intelligence Achievement Job Demand Analysis Functional Capacity Ergonomic Psychovocational Job Modifications Work Samples Other: _____
Name/proposed company with address and telephone numbers:	Summary of Qualifications:	Services which they will be providing: Neuropsych Intelligence Achievement Job Demand Analysis Functional Capacity Ergonomic Psychovocational Job Modifications Work Samples Other: _____

Demonstrated Network for Specialized Assessments

(please use as many sheets as required to clearly demonstrate your network)

For Area 2: Nova Scotia and Prince Edward Island

Name/proposed company with address and telephone numbers:	Summary of Qualifications:	Services which they will be providing: Neuropsych Intelligence Achievement Job Demand Analysis Functional Capacity Ergonomic Psychovocational Job Modifications Work Samples Other: _____
Name/proposed company with address and telephone numbers:	Summary of Qualifications:	Services which they will be providing: Neuropsych Intelligence Achievement Job Demand Analysis Functional Capacity Ergonomic Psychovocational Job Modifications Work Samples Other: _____

Demonstrated Network for Specialized Assessments

(please use as many sheets as required to clearly demonstrate your network)

For Area 3: New Brunswick

Name/proposed company with address and telephone numbers:	Summary of Qualifications:	Services which they will be providing: Neuropsych Intelligence Achievement Job Demand Analysis Functional Capacity Ergonomic Psychovocational Job Modifications Work Samples Other: _____
Name/proposed company with address and telephone numbers:	Summary of Qualifications:	Services which they will be providing: Neuropsych Intelligence Achievement Job Demand Analysis Functional Capacity Ergonomic Psychovocational Job Modifications Work Samples Other: _____