

Variable	Definition / Description
<b>Client Information</b>	
<b>First Name</b>	Client's first name
<b>Middle Name</b>	Client's middle name.
<b>Last Name</b>	Client's last name.
<b>Address</b>	Mailing address where the client's information will be mailed
<b>City</b>	City where the client's information will be mailed
<b>Province</b>	Province where the client's information will be mailed
<b>Postal Code</b>	Postal Code where the client's information will be mailed
<b>Email</b>	Client's email address.
<b>Telephone</b>	Primary telephone number where client can be contacted
<b>Alternate Telephone</b>	Alternate telephone number where client can be contacted.
<b>TTY/Text</b>	TTY or text number where deaf, hard of hearing or speech-impaired client can be contacted.
<b>Language of Service</b>	Client's language of service preference
<b>Gender</b>	Client's gender
<b>Social Insurance Number</b>	Nine digit number used to identify client
<b>Date of Birth (yyyy/mm/dd)</b>	Client's date of birth
<b>Highest level of education completed</b>	Indicate the client's highest level of education completed: GED; grade 1-12; year of postsecondary completed; College Diploma/Certification; Apprenticeship; Bachelor's Degree; Master's Degree; Doctorate; No formal education; other.
<b>Target Groups</b>	
<b>Primary Disability</b>	Indicate the primary disability/disabilities of the client: <ul style="list-style-type: none"> <li>• Hearing</li> <li>• Mobility</li> <li>• Intellectual</li> <li>• Speech</li> <li>• Learning</li> <li>• Vision</li> <li>• Mental Health</li> <li>• Other.</li> </ul> If other, please indicate the disability in the space provided.
<b>Other</b>	Indicate if the client is: <ul style="list-style-type: none"> <li>• Aboriginal</li> <li>• EI active</li> <li>• EI Reachback</li> <li>• Social Assistance Recipient</li> </ul>
<b>Referral Agent Information</b>	
<b>Referral Agency</b>	Indicate the name of the agency referring the client for TESS support.
<b>Referral Agent Name</b>	Clearly indicate the name of the individual requesting the support.
<b>Telephone</b>	Referral Agent's phone number
<b>Email</b>	Referral Agent's email address
<b>Fax</b>	Referral Agent's fax number

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<b>Employment Action Plan Information</b>	
<b>Question 1</b>	Indicate if the goal is Academic Upgrading, Post-Secondary Education or Employment. If Academic Upgrading indicate the level. If Post-Secondary education or Employment indicate the field of study or employment field.
<b>Question 2</b>	<p>Indicate if the client's employment action plan contains clear and attainable goals.</p> <p>Using the S.M.A.R.T. approach, an employment goal is considered attainable when it is:</p> <ul style="list-style-type: none"> <li>• <b>Specific:</b> employment/career specific goal</li> <li>• <b>Measurable:</b> for training there is a diploma or an industry accepted certification. For employment there is employment for a specified period - minimum of 1 year or in a priority sector</li> <li>• <b>Achievable:</b> barriers can or have been addressed with supports</li> <li>• <b>Realistic:</b> person has the ability to succeed and they have the family, community, and/or external supports necessary</li> <li>• <b>Time-limited:</b> training must be completed within the normal time frame expected as per the training institution or no more than double the "expected" time period. Employment supports would be available up to a maximum of one year</li> </ul>
<b>Question 3</b>	Indicate if the impact of the disability has been considered in the employment action plan. Also indicate the impacts in the rationale for the support requested.
<b>Question 4</b>	If the client has applied for or is in receipt of other funding sources, indicate the source and the amount received or approved.
<b>Question 5</b>	<p>Indicate if the post-secondary institution is:</p> <ul style="list-style-type: none"> <li>• recognized by the Canada Student Loans Program; <b>or</b></li> <li>• recognized by the Provincial Occupational Training Act (POTA); <b>or</b></li> <li>• recognized by the Canadian Association for Co-Operative Education (CAFCE); <b>or</b></li> <li>• on the List of Recognized training providers (TSD); <b>or</b></li> <li>• Approved by Central Office</li> </ul> <p>And indicate the name of the institution.</p>
<b>Question 6</b>	Indicate if the client is currently employed. If yes: indicate if the client has been working for current employer for less than 30 weeks, if the employer will contribute to the cost of the requested support(s) and if yes the employer's contribution and employer's name.
<b>Question 7</b>	Provide details of the employment action plan including research done on labour market opportunities and requirements.
<b>TESS SUPPORTS REQUESTED</b>	
<b>Rationale</b>	<p>Describe the TESS support being requested, how it will help the client attain his/her employment action plan goals, and the impacts of the disability on the employment action plan goals.</p> <p>If the request for support includes Assistive Technology (AT), please list all the AT already owned by the individual in the RATIONALE. Ex.: computer,</p>

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	laptop, Ipad, etc.)
<b>ITEMS REQUESTED</b>	
<b>Items</b>	The name of the item being requested.
<b>Suppliers</b>	The name of the recommended supplier.
<b>Quotes</b>	The quoted amount of the recommended supplier.
<b>Approved Amount</b>	For Office Use only: indicate the amount approved. If the amount approved is different than the quoted amount; include a rationale in form's rationale box.
<b>Denied</b>	For Office Use only: indicate if the item requested is being denied/rejected. Include a rationale in form's rationale box.
<b>SUPPORTS and SERVICES REQUESTED</b>	
<b>Supports and Services</b>	The name of the support being requested.
<b>Start date (yyyy/mm/dd)</b>	The date that the support needs to be in place for.
<b>End date (yyyy/mm/dd)</b>	The last day that the support is required.
<b>Number of weeks</b>	The total number of weeks the support is being requested for.
<b>Number of hours per week</b>	The total number of hours per weeks the support is being requested for.
<b>Rate per hour</b>	The rate per hour submitted by the supplier/vendor.
<b>Quotes</b>	The quoted amount of the recommended supplier/vendor.
<b>Approved Amount</b>	For Office Use only: indicate the amount approved. If the amount approved is different than the quoted amount; include a rationale in form's rationale box.
<b>Denied</b>	For Office Use only: indicate if the item requested is being denied/rejected. Include a rationale in form's rationale box.
<b>Client Consent</b>	
<b>Printed name of client</b>	Printed and legible name of client confirming his or her consent and confirming that he or she is a New Brunswick resident as per the provided definition.
<b>Signature of Client</b>	Signature of client confirming his or her consent and confirming that he or she is a New Brunswick resident as per the provided definition.
<b>Printed Name of Parent, Guardian or Trustee</b>	Printed and legible name of the client's parent, guardian or trustee if the client is not of legal age (i.e. 19).
<b>Signature of Parent, Guardian or Trustee</b>	Signature of the client's parent, guardian or trustee if the client is not of legal age (i.e. 19).
<b>Date (yyyy/mm/dd)</b>	Indicate the date that the client and/or the parent, guardian or trustee signed the form.
<b>Referral Agent Signature</b>	
<b>Printed name of Referral Agent</b>	Printed and legible name of the Referral Agent preparing the Proposal Form.
<b>Signature of Referral Agent</b>	Signature of the Referral Agent.
<b>Date (yyyy/mm/dd)</b>	Indicate the date that the Referral Agent signed the form.
<b>OFFICE USE ONLY</b>	
<b>Approval Status</b>	TESS Coordinator to indicate if the proposal is approved, denied or recommended to RD.
<b>Printed Name of TESS</b>	Printed and legible name of TESS Coordinator assessing the request.

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<b>Coordinator</b>	
<b>Signature of Tess Coordinator</b>	Signature of TESS Coordinator assessing the request.
<b>Date (yyyy/mm/dd)</b>	Date the TESS coordinator made a decision on the request.
<b>Approval Status</b> ( <i>for use only if application is recommended to RD</i> )	Regional director to indicate if the proposal is approved or denied.
<b>Printed Name of Regional Director</b>	Printed and legible name of Regional Director assessing the request.
<b>Signature of Regional Director</b>	Signature of Regional Director assessing the request.
<b>Date (yyyy/mm/dd)</b>	Date the Regional Director made a decision on the request.
<b>Rationale</b>	<ul style="list-style-type: none"> <li>• For rejected applications: detailed rationale of the rejections</li> <li>And/or</li> <li>• Any additional information deemed necessary.</li> </ul> <p><b>IMPORTANT:</b> Mandatory and necessary for the appeal process to take place.</p>