

Career Profile

IPS Supported Employment/Education Referral Cover Sheet

Referral sent to state vocational rehabilitation, Date: _____

DRS vocational rehabilitation counselor: _____

Name: _____
First Middle Last Suffix

Home: _____
Street Address City State Zip Code

Mailing: _____
Street Address City State Zip Code

Email: _____

Phone number/s: _____
Type Number, including Area Code Type Number, including Area Code Type Number, including Area Code

Best way to reach: _____

Case Manager/therapist: _____

Other healthcare/social service providers: _____

What is the person saying about work? _____

Why does s/he want to work now? _____

What type of job? _____

Is this person interested in gaining more education now to advance his/her career goals? _____

Please include some information about the person's illness (diagnosis, symptoms, etc.). _____

How might the person's illness (and/or substance use) affect a job or return to school? _____

What are some of the person's strengths? (Experience, training, personality, supports, etc.) _____

What job (type of job, hours, etc.) do you think would be a good match? _____

Signature _____

ES Name, Credentials:

Date

Career Profile

This form is to be completed by the employment/education specialist during the first few weeks of meeting with someone. Sources of information include: the person, the mental health treatment team, client records, and with permission, family members and previous employers. The profile should be updated with each new job and education experience using job start, job end, and education experience forms.

Work Goal

What is your dream job? _____

What kind of work have you always wanted to do? _____

What are your long-term career goals? _____

What type of job do you think you would like to have now? _____

What is it that appeals to you about that type of work? _____

What type of job(s) do you know that you would not want? _____

Do you know people who are working? _____

What types of jobs? _____

What do you think about those jobs? _____

Is there anything that worries you about going to work? _____

Why do you want to work? _____

Career Profile

Education

Are you interested in going to school or attending vocational training now to advance your work career? Yes; No

Education/learning history

Did you complete high school? Yes; No

If no, would you be interested in earning your GED/high school equivalency diploma? Yes; No

Did you participate in vocational training classes in high school? Yes; No

Have you ever completed an apprenticeship (i.e., plumbing, welding, electrician, etc.)? Yes; No

If so, what year?

Did you complete any job-related training in the military? Yes; No; N/A

Please describe the training, including years and any certificates earned.

Other education or training programs N/A

Name of Educational/ Training Institution: _____

City/State: _____

Years attended: _____

Type of degree or certificate sought: _____

Degrees, certificates, or classes completed: _____

If program was not completed, why not? _____

Liked most about the program: _____

Liked least about the program: _____

Type of financial aid used, if any: _____

Name of Educational/ Training Institution: _____

City/State: _____

Years attended: _____

Type of degree or certificate sought: _____

Degrees, certificates, or classes completed: _____

If program was not completed, why not? _____

Liked most about the program: _____

Liked least about the program: _____

Type of financial aid used, if any: _____

Career Profile

Name of Educational/ Training Institution: _____

City/State: _____

Years attended: _____

Type of degree or certificate sought: _____

Degrees, certificates, or classes completed: _____

If program was not completed, why not? _____

Liked most about the program: _____

Liked least about the program: _____

Type of financial aid used, if any: _____

Do you have copies of the degrees, licenses, certificates that you have earned? Yes; No; N/A

Are you interested in earning a specific certificate, license, or degree for work? Yes; No

If the individual **is not** interested in additional schooling or technical training now, skip the next set of questions and ask about work history instead.

What type of job are you interested in obtaining? _____

Do you know of a specific training/education program you would like to pursue? Yes; No

If yes, _____

What is it about that field that interests you? _____

Do you know about the availability of those jobs in this area? Yes; No

What is the occupational outlook for those jobs? _____

When would you like to start an educational or training program? _____

How long do you want to go to a school or training program? _____

What is your timeframe for completing education or training? _____

Would you be interested in visiting some local programs (community college, four-year college, adult vocational training) to learn about different options for degrees and certificates? Yes; No

Are you interested in joining a trade union (e.g., baker's, carpenter's electrician's, maintenance)?

Yes; No

Do you know the requirements for joining? Yes; No

Would you like to visit the union office to learn more? Yes; No

Are there any other job training or educational opportunities you would like to learn more about?

Yes; No

If yes, please list: _____

Career Profile

School Experiences

Let's talk about some of your school experiences and how they were for you.

Experience

Comments

Being called on in class Okay Problem _____

Social situations Okay Problem _____

Taking tests Okay Problem _____

Learning from lecture Okay Problem _____

Learning by reading Okay Problem _____

Learning hands on Okay Problem _____

Concentration Okay Problem _____

Memory Okay Problem _____

Using computers Okay Problem _____

Did you have an IEP (individual education plan) while you were in school? Yes; No

Did that include different strategies to help you learn? Yes; No If yes, what were those?

Were you in any advanced classes? Yes; No If yes, which ones? _____

Has anyone ever told you that you had a learning disability? Yes; No If yes, what do you know about that?

What accommodations have helped you in the past? _____

What are your strengths related to being a student? _____

What languages do you know? _____

Career Profile

Plans for School and Training

What do you need in order to start school?

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Books | <input type="checkbox"/> Computer, need accommodations | <input type="checkbox"/> Help talking to teachers/instructors | <input type="checkbox"/> More support from family/friends |
| <input type="checkbox"/> Bus Pass | <input type="checkbox"/> Eldercare | <input type="checkbox"/> Help with a study calendar | <input type="checkbox"/> Quiet place to study |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Financial aid | <input type="checkbox"/> Help with bus route | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Computer literacy | <input type="checkbox"/> Help navigating campus | <input type="checkbox"/> Mental health support | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Computer, need access to a computer | <input type="checkbox"/> Help studying | | |

Comments: _____

What are your resources for paying for school tuition? _____

For books? _____

For other school costs? _____

Have you ever received financial aid for school? Yes; No

Have you ever had a grant? If so, what type? _____

Have you ever defaulted on a grant or student loan? Yes; No

Do you need any type of classroom accommodations? Yes; No

What other types of supports may help you succeed in school or training? _____

School or Training Plans Comments:

Career Profile

Work Experience

1. Most recent job

N/A — Person has no work experience

Job title: _____

Job duties: _____

Name of business: _____

Location: _____

Address

City

State

Zip Code

Supervisor: _____

Name

Area Code & Telephone # E-mail Address

Job Start Date: _____ Job End Date: _____ Work schedule & hours: _____

How did you find this job? _____

What did you like about job? _____

What did you dislike? _____

What was your supervisor like? _____

Your co-workers? _____

Other info about job: _____

Reason for leaving: Quit for a better job _____ Quit—symptoms _____

Quit for another reason _____ Terminated _____

Consumer's perspective regarding job end: _____

2. Next most recent job

N/A — Person has had only one job

Job title: _____

Job duties: _____

Name of business: _____

Location: _____

Address

City

State

Zip Code

Supervisor: _____

Name

Area Code & Telephone # E-mail Address

Job Start Date: _____ Job End Date: _____ Work schedule & hours: _____

How did you find this job? _____

What did you like about job? _____

What did you dislike? _____

What was your supervisor like? _____

Your co-workers? _____

Other info about job: _____

Reason for leaving: Quit for a better job _____ Quit—symptoms _____

Quit for another reason _____ Terminated _____

Consumer's perspective regarding job end: _____

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3. Next most recent job

N/A — Person has had only two jobs

Job title: _____

Job duties: _____

Name of business: _____

Location: _____

Address

City

State

Zip Code

Supervisor: _____

Name

Area Code & Telephone # E-mail Address

Job Start Date: _____ Job End Date: _____ Work schedule & hours: _____

How did you find this job? _____

What did you like about job? _____

What did you dislike? _____

What was your supervisor like? _____

Your co-workers? _____

Other info about job: _____

Reason for leaving: Quit for a better job _____ Quit—symptoms _____

Quit for another reason _____ Terminated _____

Consumer's perspective regarding job end: _____

4. Next most recent job

N/A Person has had only three jobs

Job title: _____

Job duties: _____

Name of business: _____

Location: _____

Address

City

State

Zip Code

Supervisor: _____

Name

Area Code & Telephone # E-mail Address

Job Start Date: _____ Job End Date: _____ Work schedule & hours: _____

How did you find this job? _____

What did you like about job? _____

What did you dislike? _____

What was your supervisor like? _____

Your co-workers? _____

Other info about job: _____

Reason for leaving: Quit for a better job _____ Quit—symptoms _____

Quit for another reason _____ Terminated _____

Consumer's perspective regarding job end: _____

Career Profile

5. Next most recent job

N/A Person has had only four jobs

Job title: _____

Job duties: _____

Name of business: _____

Location: _____

Address

City

State

Zip Code

Supervisor: _____

Name

Area Code & Telephone # E-mail Address

Job Start Date: _____ Job End Date: _____ Work schedule & hours: _____

How did you find this job? _____

What did you like about job? _____

What did you dislike? _____

What was your supervisor like? _____

Your co-workers? _____

Other info about job: _____

Reason for leaving: Quit for a better job _____ Quit—symptoms _____

Quit for another reason _____ Terminated _____

Consumer's perspective regarding job end: _____

6. Next most recent job

N/A Person has had only five jobs

Job title: _____

Job duties: _____

Name of business: _____

Location: _____

Address

City

State

Zip Code

Supervisor: _____

Name

Area Code & Telephone # E-mail Address

Job Start Date: _____ Job End Date: _____ Work schedule & hours: _____

How did you find this job? _____

What did you like about job? _____

What did you dislike? _____

What was your supervisor like? _____

Your co-workers? _____

Other info about job: _____

Reason for leaving: Quit for a better job _____ Quit—symptoms _____

Quit for another reason _____ Terminated _____

Consumer's perspective regarding job end: _____

Has the person had more than six jobs? Yes; No **If yes, please use additional sheets for other jobs.**

Career Profile

Military Experience

N/A (Not applicable because person was not in the military)

Branch: _____

Entry Date: _____ Date of Discharge: _____ Rank at discharge: _____

Type of Discharge: _____

Training or work experience: _____

Certificate/s or license/s: _____

Cultural Background

Use the following script to introduce the next set of questions to the person.

"Our agency aims to work with people from different backgrounds and with diverse experiences. The next set of questions will help me understand your background and culture, which may help us in planning for jobs."

What is important to you in terms of your background and culture? (i.e., race, ethnicity, color, gender, economic status, etc.) _____

Which different languages do you speak? _____

Which language do you prefer? _____

What special events or holidays do you celebrate? _____

Are there family traditions that you still practice? Yes; No _____

How would you like your family involved as we move forward in the process of getting and keeping a job? _____

Is it important to you whether your work supervisor is male or female? Yes; No _____

Have you ever felt discriminated against or treated unfairly when you were looking for work or on the job? Yes; No

If yes, could you tell me about that?

Career Profile

Mental Health

Has anyone ever told you that you have a mental illness? Yes; No

If so, what did they say?

How does your mental illness affect you?

What are the first signs that you may be experiencing a symptom flare-up?

How do you cope with your symptoms?

What medicines do you take and when do you take them?

How do the medicines work for you?

Career Profile

Substance Use

How much alcohol do you drink?
How often?
Is there a particular time of day?
What drugs do you, or have you, used?
How often?
Other comments:

Treatment History

Have you undergone substance abuse treatment? Yes; No

When?	Where?
When?	Where?
When?	Where?
When?	Where?
Are you currently involved in treatment? <input type="checkbox"/> Yes; <input type="checkbox"/> No	
When?	Where?
Do you attend AA, NA or other support program? <input type="checkbox"/> Yes; <input type="checkbox"/> No If so, which? _____	
Where?	
Are you currently abusing substances? <input type="checkbox"/> Yes; <input type="checkbox"/> No If so, what substance/s? (below)	

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Physical Health

How is your physical health? _____

Do you have any health problems? No; Yes

Do you have any problems with the following activities?

Standing for long periods? No; Yes

Can you stand for more than an hour? No; Yes

Sitting? No; Yes How long can you sit? _____

Climbing stairs? No; Yes

How many flights? _____ How often? _____

Lifting? No; Yes How much can you lift? _____

Endurance? No; Yes

How many hours could you work each day? _____ Each week? _____

What is the best time of day for you? _____

Cognitive Health

Problems No; Yes If yes, what things have helped with these issues in the past?

Memory? No; Yes _____

Concentrating? No; Yes _____

Doing things fast (psychomotor speed)? No; Yes _____

Other Problems:

Career Profile

Getting Ready for a Job

Do you have the clothes you will need for a job? No; Yes For interviews? No; Yes

Do you have an alarm clock or way to wake up for work? No; Yes _____

How will you get to work? _____

Do you have two forms of identification? No; Yes What forms? _____

LISTS OF ACCEPTABLE DOCUMENTS		
All documents must be UNEXPIRED		
Employees may present one selection from List A , or a combination of one selection from List B and one selection from List C .		
List A	or	List B & List C
Documents that Establish Both Identity and Employment Authorization	Documents that Establish Identity	Documents that Establish Employment Authorization
<input type="checkbox"/> 1. U.S. Passport or U.S. Passport Card	<input type="checkbox"/> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	<input type="checkbox"/> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT <input type="checkbox"/> (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION <input type="checkbox"/> (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION <input type="checkbox"/>
<input type="checkbox"/> 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
<input type="checkbox"/> 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		
<input type="checkbox"/> 4. Employment Authorization Document that contains a photograph (Form I-766)	<input type="checkbox"/> 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	<input type="checkbox"/> 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
<input type="checkbox"/> 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <input type="checkbox"/> a. Foreign passport; and <input type="checkbox"/> b. Form I-94 or Form I-94A that has the following: <input type="checkbox"/> (1) The same name as the passport; and <input type="checkbox"/> (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.	<input type="checkbox"/> 3. School ID card with a photograph	<input type="checkbox"/> 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	<input type="checkbox"/> 4. Voter's registration card	<input type="checkbox"/> 4. Native American tribal document
	<input type="checkbox"/> 5. U.S. Military card or draft record	<input type="checkbox"/> 5. U.S. Citizen ID Card (Form I-197)
	<input type="checkbox"/> 6. Military dependent's ID card	<input type="checkbox"/> 6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	<input type="checkbox"/> 7. U.S. Coast Guard Merchant Mariner Card	<input type="checkbox"/> 7. Employment authorization document issued by the Department of Homeland Security
	<input type="checkbox"/> 8. Native American tribal document	Examples of many of these documents appear in the Handbook for Employers (M-274). Refer to the Form I-9 instructions for more information about acceptable receipts.
<input type="checkbox"/> 9. Driver's license issued by a Canadian government authority		
<input type="checkbox"/> 10. School record or report card		
<input type="checkbox"/> 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	For persons under age 18 who are unable to present a document listed above:	
	<input type="checkbox"/> 11. Clinic, doctor, or hospital record	<input type="checkbox"/> 12. Day-care or nursery school record

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Interpersonal Skills

Would you like a job that involved working with the public? _____

Where do you live and with whom do you live? _____

Who do you spend time with, and how often do you see or talk to them? _____

Who can help us think about jobs you would enjoy? (Name/s & contact information) _____

Was appointment made with this/these person/people to discuss jobs? Yes; No

If not, why? _____

Once you are employed, who would be a good person to support you? _____

Anyone else? _____

Benefits

Do you receive any of the following benefits?

SSI; SSDI;

Referral made to DRS benefits planner. If no referral, why not: _____

Housing Subsidy; SNAP Benefits; TANF

Retirement from previous job; VA benefits (combat related? Yes)

Spouse or dependent child receives benefits

Medicaid; Medicare; Other benefits: _____

Unsure which benefits s/he receives

No benefits

Do you manage your own money? Yes; No

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Disclosure

(or use "Plan for Approaching Employers" Worksheet)

Please explain that each person using supported employment services can decide whether or not their specialist will contact employers on their behalf.

What could be some of the advantages of having an employment specialist contact employers on your behalf? _____

What could be some of the disadvantages? _____

Are there any things that you would not want your employment specialist to share with an employer?

Do you know whether or not you would like your specialist to go ahead and contact employers on your behalf? (It is okay to change your mind at any time): Yes; No _____

If you decided that the specialist should not contact employers, what things would you like him or her to do in order to help you find a job?

- Help with job leads;
- Help filling out applications;
- Help writing a résumé;
- Rides to job interviews;
- Practicing job interview questions and answers;
- Help following up on applications
- Other: _____
- Other: _____
- Other: _____
- Other: _____
- Other: _____
- Other: _____
- Other: _____

Career Profile

Legal History

Have you ever been arrested? Yes; No

Have you ever been convicted of a crime? Yes; No

	Offense Charged	Date of Offense	Date Convicted	Sentence
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____
16.	_____	_____	_____	_____
17.	_____	_____	_____	_____
18.	_____	_____	_____	_____
19.	_____	_____	_____	_____
20.	_____	_____	_____	_____

Attach sheet/s if more than twenty convictions

What problems, if any, were you having in your life at the time of the offenses? _____

Do you have any pending legal charges? If so, what charge/s? _____

Parole Officer's name: _____ PO phone number: _____

Do you have a copy of your rap sheet? Yes; No

Do you want to get a copy of it? Yes; No

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Daily Activity

What is a typical day like for you from the time you get up until you go to bed? _____

Are there places in your neighborhood that you like to go to? Yes; No _____

Do you belong to clubs, groups, a church, etc.? Yes; No _____

What hobbies or interests do you have? _____

What are your typical sleep hours? _____

Networking Contacts (Family, friends, previous employers, other)

Information from Family, Previous Employers or Others

Client Signature _____

Client Name:

Date

Worker Signature _____

ES Name, Credentials:

Date