**Career Profile**

**IPS Supported Employment/\*Education Referral**

***\*Assisting people to advance their careers through additional schooling and technical training has always been considered part of the IPS intervention. For further information consult with your IPS Trainer. \****

**Face Sheet**

**Date of referral:** Click here to enter text.

**Date of birth:** Click here to enter text.

**SS#:** Click here to enter text.

**Name:** Click here to enter text.

**Address:** Click here to enter text.

**Email:**  Click here to enter text.

**Phone number/s:** Click here to enter text.

**Best way to reach:** Click here to enter text.

**Case Manager/therapist:** Click here to enter text.

**State Vocational Rehabilitation counselor:** Click here to enter text.

Referral sent to State Vocational Rehabilitation

**Other healthcare/social service providers:** Click here to enter text.

**Court-appointed guardian? If so, please list their name and contact information.** Yes  No N/A Click here to enter text.

**How long has the client been receiving services at this referring agency?** Click here to enter text.

**What is the person saying about work? Why does s/he want to work now? What type of job?**

Click here to enter text.

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..………

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

Click here to enter text.

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..………

**Please include some information about the person’s illness (*diagnosis, symptoms, etc.*). For example, how might the person’s illness (and/or substance use) affect a job or return to school?**

Click here to enter text.

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..………

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

Click here to enter text.

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..………

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

Click here to enter text.

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..………

**Has this client signed an ROI allowing recent treatment records to be released to OVR with this referral form?** Yes  No



### 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 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.

## Background Information

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

Click here to enter text.

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**Are there places in your neighborhood that you like to go to? Why are these places of interest to you?**

Click here to enter text.

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**Do you belong to clubs, groups, a church, etc.? What do you enjoy about these extracurricular activities?**

Click here to enter text.

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**What hobbies or interests do you have? How can these hobbies and interests help you in the workplace?**

Click here to enter text.

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**What are your typical sleep hours?**

Click here to enter text.

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## Names and contact information for employment-networking contacts (*Family, friends, previous employers, other*)

Click here to enter text.

## Names and relationship to the client of individuals that can assist with career profile development: *(If this section is left blank, please explain)*

Click here to enter text.

**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.”**

**Natural supports are valuable to ensure success at work. For example, if you were to obtain a job today, who would you contact to share the news? Can I have you sign the appropriate releases and speak with these individuals?**

Click here to enter text.

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..………

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

Click here to enter text.

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**Use this space to discuss conversations with natural supports or explain why no conversations occurred:**

Click here to enter text.

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**Is there anything that would impact employment or would be helpful for us to know as we look for jobs?**

Click here to enter text.

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**Which different languages do you speak? Which language do you prefer?**

Click here to enter text.

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..………

**Are there any religious or family traditions that you feel would affect employment or require advocacy?**

Click here to enter text.

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**Have you ever felt like you have been treated unfairly or discriminated against at work? If so, could you tell me about that?**

Click here to enter text.

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..………

## Education History

***\*See addendum to complete a detailed plan for school or training, if necessary\****

|  |  |
| --- | --- |
| No | Yes |

**Did you complete high school?**

**Year:** Click here to enter text.

|  |  |
| --- | --- |
| No | Yes |

**Did you obtain your GED?**

**Year:** Click here to enter text.

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

|  |  |  |
| --- | --- | --- |
| No | Yes | N/A |

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..………

|  |  |
| --- | --- |
| No | Yes |

**Did you participate in vocational training classes in high school?**

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..………

**If yes and relevant to your current vocational goal, please describe:** Click here to enter text.

**Have you ever completed an apprenticeship (*i.e., plumbing, welding, electrician, etc.*)?**

|  |  |
| --- | --- |
| No | Yes |

**If so, please describe the apprenticeship program and year completed?** Click here to enter text.

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..………

**Other education or training programs**  N/A

|  |  |
| --- | --- |
| **Name of Educational/ Training Institution:** | Click here to enter text. |
| **City/State:** | Click here to enter text. |
| **Years attended:** | Click here to enter text. |
| **Type of degree or certificate sought:** | Click here to enter text. |
| **Degrees, certificates, or classes completed:** | Click here to enter text. |
| **If the program was not completed, why not?** | Click here to enter text. |
| **Liked most about the program:** | Click here to enter text. |
| **Liked least about the program:** | Click here to enter text. |
| **Type of financial aid used, if any:** | Click here to enter text. |

|  |  |
| --- | --- |
| **Name of Educational/ Training Institution:** | Click here to enter text. |
| **City/State:** | Click here to enter text. |
| **Years attended:** | Click here to enter text. |
| **Type of degree or certificate sought:** | Click here to enter text. |
| **Degrees, certificates, or classes completed:** | Click here to enter text. |
| **If the program was not completed, why not?** | Click here to enter text. |
| **Liked most about the program:** | Click here to enter text. |
| **Liked least about the program:** | Click here to enter text. |
| **Type of financial aid used, if any:** | Click here to enter text. |

|  |  |
| --- | --- |
| **Name of Educational/ Training Institution:** | Click here to enter text. |
| **City/State:** | Click here to enter text. |
| **Years attended:** | Click here to enter text. |
| **Type of degree or certificate sought:** | Click here to enter text. |
| **Degrees, certificates, or classes completed:** | Click here to enter text. |
| **If the program was not completed, why not?** | Click here to enter text. |
| **Liked most about the program:** | Click here to enter text. |
| **Liked least about the program:** | Click here to enter text. |
| **Type of financial aid used, if any:** | Click here to enter text. |

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**Do you have copies of the degrees, licenses, certificates that you have earned?**

|  |  |  |
| --- | --- | --- |
| No | Yes | N/A |

**If no, can you get a copy, or do you need help getting a copy?**

|  |  |
| --- | --- |
| No | Yes |

**Are you interested in earning a specific certificate, license, or degree for work?**

|  |  |
| --- | --- |
| No | Yes |

**If yes, please describe the certificate, license, or degree:** Click here to enter text.

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..………

**What is it about that field that interests you?**

Click here to enter text.

**How long do you want to go to a school or training program? What is your timeframe for completing education or training?**  N/A

Click here to enter text.

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**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? If so, when would you like to do this?**  N/A

Click here to enter text.

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..………

**Are you interested in joining a trade union (*e.g., baker’s, maintenance*)? Do you know the requirements for joining? Would you like to visit the union office to learn more? If so, when?**

Click here to enter text.

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..………

**While in school (*high school, training programs, etc.*), did you receive any accommodations?**

|  |  |
| --- | --- |
| No | Yes |

**If yes, what accommodations did you receive, and were the accommodations helpful? Please discuss.**

Click here to enter text.

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..………

**Did you have an IEP (*Individualized Education Plan*) or 504 Plan while you were in school?**

Click here to enter text.

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**What are your strengths related to being a student?**

Click here to enter text.

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**What are your struggles related to being a student?**

Click here to enter text.

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..………

## Work Experience

***Include volunteer or unpaid work history***

**Most recent job** N/A – Person has no work experience

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Job title:** | | Click here to enter text. | | |
| **Employer:** | | Click here to enter text. | | |
| **Job duties:** | | Click here to enter text. | | |
| **Start Date:** | Click here to enter text. | | **End Date:** | Click here to enter text. |
| **How many hours per week?** | | Click here to enter text. | | |
| **How did you find this job?** | | Click here to enter text. | | |
| **What did you like about the job?** | | Click here to enter text. | | |
| **What did you dislike?** | | Click here to enter text. | | |
| **What was your supervisor like? Your co-workers?** | | Click here to enter text. | | |
| **Reason for leaving the job. Resignation, termination, layoff, etc. Discuss specifics** | | Click here to enter text. | | |
| **Did you receive any accommodations? If so, please describe.** | | Click here to enter text. | | |
| **Other detailed information about this job:** | | Click here to enter text. | | |

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**Next most recent job** N/A – Person has only had one job

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Job title:** | | Click here to enter text. | | |
| **Employer:** | | Click here to enter text. | | |
| **Job duties:** | | Click here to enter text. | | |
| **Start Date:** | Click here to enter text. | | **End Date:** | Click here to enter text. |
| **How many hours per week?** | | Click here to enter text. | | |
| **How did you find this job?** | | Click here to enter text. | | |
| **What did you like about the job?** | | Click here to enter text. | | |
| **What did you dislike?** | | Click here to enter text. | | |
| **What was your supervisor like? Your co-workers?** | | Click here to enter text. | | |
| **Reason for leaving the job. Resignation, termination, layoff, etc. Discuss specifics** | | Click here to enter text. | | |
| **Did you receive any accommodations? If so, please describe.** | | Click here to enter text. | | |
| **Other detailed information about this job:** | | Click here to enter text. | | |

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..………

**Next most recent job** N/A – Person has only had two jobs

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Job title:** | | Click here to enter text. | | |
| **Employer:** | | Click here to enter text. | | |
| **Job duties:** | | Click here to enter text. | | |
| **Start Date:** | Click here to enter text. | | **End Date:** | Click here to enter text. |
| **How many hours per week?** | | Click here to enter text. | | |
| **How did you find this job?** | | Click here to enter text. | | |
| **What did you like about the job?** | | Click here to enter text. | | |
| **What did you dislike?** | | Click here to enter text. | | |
| **What was your supervisor like? Your co-workers?** | | Click here to enter text. | | |
| **Reason for leaving the job. Resignation, termination, layoff, etc. Discuss specifics** | | Click here to enter text. | | |
| **Did you receive any accommodations? If so, please describe.** | | Click here to enter text. | | |
| **Other detailed information about this job:** | | Click here to enter text. | | |

***Please use additional sheets for other jobs.***

# Work Goal

**What does work mean to you, and how will obtaining work benefit and impact your life?**

Click here to enter text.

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**What kind of work have you always wanted to do, and what about this work interests you?**

Click here to enter text.

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**What types of jobs do you think you would like to have now? *(Provide specific areas and places. For example, what would your top five jobs be?)***

Click here to enter text.

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**Have you explored the job market for the type of work you are interested in? If not, the employment specialist can describe their research findings conducted with or on behalf of the client.**

Click here to enter text.

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

Click here to enter text.

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**What type of job(s) do you know that you would not want and why?**

Click here to enter text.

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**Do you know anyone working in your desired field? If so, could this person(s) be helpful in your job search?**

Click here to enter text.

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**Do you have concerns about going to work? If so, what are they and how can they be addressed?**

Click here to enter text.

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**Do you have long-term career goals? If so, what are they? And how do you think you will achieve them?**

Click here to enter text.

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**Is it important to you whether your work supervisor is male or female? Please discuss and describe any preferences or concerns regarding your supervisor or co-workers.**

Click here to enter text.

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**Who can help us think about jobs you would enjoy?**

Click here to enter text.

**An appointment was made with this person to discuss jobs.**

**If not, why?** Click here to enter text.

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**Once you are employed, who would be a good person to support you? Why have you chosen this person(s)?**

Click here to enter text.

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**Military Experience  N/A**

|  |  |
| --- | --- |
| **Branch:** | Click here to enter text. |
| **Dates:** | Click here to enter text. |
| **Honorable Discharge:** | Click here to enter text. |
| **Rank:** | Click here to enter text. |
| **Active duty service?** | Click here to enter text. |
| **Did you serve overseas?** | Click here to enter text. |
| **Do you have your DD214? (*Discharge from Active Duty*)** | Click here to enter text. |
| **Training or work experience:** | Click here to enter text. |
| **Certificate or license:** | Click here to enter text. |

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**Do you have future employment concerns due to your military service? Is there additional information to share?**

Click here to enter text.

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**Mental Health**

**What do you know about your mental health diagnosis?**

Click here to enter text.

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**Was your mental health diagnosis provided to you by a mental health professional, family member, psychiatrist, family physician, or other individuals?**

Click here to enter text.

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**Have you ever been hospitalized due to your mental health? If so, was this a recent hospitalization?**

Click here to enter text.

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**Has your mental health ever affected you on a job? If so, how did it affect you and how did you address these issues?**

Click here to enter text.

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**Are there situations or settings that negatively affect you? Examples might include loud noises, large crowds, smells, tight spaces, etc.**

Click here to enter text.

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**How do you cope with your symptoms?**

Click here to enter text.

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**Are you currently attending individual or group counseling? If not, would you be interested in mental health resources?**

Click here to enter text.

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**Do you experience any side effects from medications you are taking that may impact looking for a job or working? Please discuss in detail and how side effects could be addressed.**

Click here to enter text.

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**If yes, has this been discussed with your therapist/prescriber?**

Click here to enter text.

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**Use this space to report information from treatment team members regarding the clients’ mental health that can be useful during job development, work, and long-term support.**

Click here to enter text.

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## Physical Health

**How is your physical health? Do you have any health problems?**

Click here to enter text.

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..………

**Do you have any problems with the following?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Standing for extended periods?** | |  |  | | --- | --- | | No | Yes | |
| **How long can you stand before you need a break?** | Click here to enter text. |
|  |  |
| **Sitting for prolonged periods?** | |  |  | | --- | --- | | No | Yes | |
| **How long can you sit before you need to stand?** | Click here to enter text. |
|  |  |
| **Do you have trouble climbing stairs, ladders, or uneven surfaces?** | |  |  | | --- | --- | | No | Yes | |
| **Please describe the issues you have with climbing stairs, ladders, or uneven surfaces.** | Click here to enter text. |
|  |  |
| **Do you have any lifting restrictions given to you by a physician? If so, who is the physician, and what is the restriction?**  **Click here to enter text.** | |  |  | | --- | --- | | No | Yes | |
| **If no restrictions, how much weight do you feel comfortable lifting?** | Click here to enter text. |
|  |  |
| **Do you have concerns regarding your endurance at work?** | |  |  | | --- | --- | | No | Yes | |
| **How many hours could you work each day?** | Click here to enter text. |
| **How many hours could you work each week?** | Click here to enter text. |

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**Tell me what part of the day that you are most productive and why?**

Click here to enter text.

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**Do you have any other restrictions placed on you by a physician you would like to discuss or concerns about your physical health and returning to work? This can include pushing, pulling, reaching, squatting, twisting, grasping, gripping, fine hand manipulation, etc.**

Click here to enter text.

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..………

## Cognitive Health

**Do you have problems with memory, and if so, can you provide examples of how your memory causes you problems? What strategies have helped you to improve memory retention?**

Click here to enter text.

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**Do you have problems with concentration, and if so, can you provide examples of how your attention has caused you problems? What strategies have helped you to improve concentration?**

**Click here to enter text.**

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..………

**Some businesses require employees to work at a fast pace. Do you have any concerns about meeting deadlines or working at a rapid pace to meet quotas? Please describe.**

Click here to enter text.

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**Do you have any other concerns regarding your ability to think, learn and remember tasks on the job?**

Click here to enter text.

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## Interpersonal Skills

**Some examples of interpersonal skills include listening, teamwork, dependability, leadership, flexibility, patience, non-verbal communication, and decision making. Do you excel with any of these skills or have concerns? Please discuss and elaborate.**

Click here to enter text.

**Considering your interpersonal skills, would you prefer a job that involved working with the public, remote work, small groups, or alone? Please discuss and elaborate.**

Click here to enter text.

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**Have any interpersonal skills caused you problems at work? Please discuss and elaborate.**

Click here to enter text.

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..………

## Benefits

**Do you receive any of the following benefits?**

**SSI**   **SSDI**  **Housing Subsidy**  **Food Stamps**  **K-TAP**

**W-Comp**

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

**Spouse or dependent child receives benefits**  **UI (Unemployment Insurance)**

**Medicaid**  **Medicare**  **Other benefits:** Click here to enter text.

**Unsure which benefits s/he receives**  **Michelle P, SCL, or other waivers**

**No benefits**

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..………

**If you do not manage your finances, who handles this for you, such as a power of attorney or state guardian?**  N/A

Click here to enter text.

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..………

**Referral made to certified work incentive benefits planner (Receiving SSI, SSDI, or both).**

**If no referral, why not? *(An example could include not receiving SSI/SSDI benefits, choosing to complete DB101 on their own, etc.)***

Click here to enter text.

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..………

**Document the name of the Certified Work Incentive Counselor (CWIC), agency affiliation, and date(s) of appointment(s): *(In some cases, this appointment may be scheduled later. Please revisit the career profile, if possible, and update this section when the meeting is scheduled. An IPS activity note could also be used.)***

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**If the client is receiving other state or federal subsidies (*excluding SSI and SSDI*), who other than the employment specialist discussed how working would affect these benefits? (*Examples can include a case manager assisted with visiting the food stamp office or a peer specialist explored a housing subsidy or Medicaid.*) Please provide details.**

Click here to enter text.

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

## Disclosure

## 

Please explain that each person using supported employment services can decide whether their specialist will contact employers on their behalf.

**What could be some of the advantages of having an employment specialist contact employer on your behalf? Please list individual and specific statements.**

Click here to enter text.

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..………

**What could be some of the disadvantages, and why you feel these are disadvantages? Please list individual and specific statements.**

Click here to enter text.

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..………

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

Click here to enter text.

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..………

**Do you know whether you would like your specialist to go ahead and contact employers on your behalf? (*It is okay to change your mind at any time*) Describe why this job development approach will work best for you.**

Click here to enter text.

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..………

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

**Help with job leads**  **Help filling out applications**  **Help writing a resume**

**Rides to job interviews**  **Practicing job interview questions and answers**

**Help following up on applications**  **Other:** Click here to enter text.

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..………

## Substance Use N/A

***\*This section discusses substance use that needs consideration as we begin the job search and any supports required for the best job fit. As your employment specialist, I’m here to help you be successful at work and work with you to help address any concerns that will help us find the best employer fit for you. \****

**If applicable for a client currently utilizing substances: To find the best job match and employer for you, we need to discuss your substance use as it relates to employment. Has substance use been a concern for you? Can you talk with me about this?**

Click here to enter text.

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**Do you drink alcohol? If so, how often?**

Click here to enter text.

**Do you now or have you in the past participated in recreational drug use?**

Click here to enter text.

**Have you received treatment for alcohol or drug use? Please discuss the treatment details, including if you participated in medication-assisted treatment (*MAT*). If not, would you like substance use treatment resources?**

Click here to enter text.

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**Have you ever used alcohol or drugs to help manage your symptoms? Please elaborate and discuss.**

Click here to enter text.

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**What days and time frames would work best for you to work if you are currently using substances? What days and time frames are you not able to work? Please discuss and elaborate.**

Click here to enter text.

## Legal History N/A

**Have you ever been arrested?**

Click here to enter text.

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**Have you ever been convicted of a crime?**

Click here to enter text.

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Conviction 1:** | | **Year:** | Click here to enter text. | |
| Click here to enter text. | | **Sentence:** | Click here to enter text. | |
| **Conviction 2:** | | **Year:** | Click here to enter text. | |
| Click here to enter text. | | **Sentence:** | Click here to enter text. | |
| **Conviction 3:** | | **Year:** | Click here to enter text. | |
| Click here to enter text. | | **Sentence:** | Click here to enter text. | |
| **Conviction 4:** | | **Year:** | Click here to enter text. | |
| Click here to enter text. | | **Sentence:** | Click here to enter text. | |
| **Conviction 5:** | | **Year:** | Click here to enter text. | |
| Click here to enter text. | | **Sentence:** | Click here to enter text. | |
| **Conviction 6:** | | **Year:** | Click here to enter text. | |
| Click here to enter text. | | **Sentence:** | Click here to enter text. | |
| **What problems, if any, were you having in your life at the time of the offenses?** | | | Click here to enter text. | |
| **Do you have any pending legal charges? If so, what charge?** | | | Click here to enter text. | |
| **Parole Officer name:**  **Permission to speak with the PO (*obtain* *release*****)** Yes No | Click here to enter text. | | **PO phone number:** | Click here to enter text. |
| **Do you have a copy of your criminal history background check? Do you have a copy of your rap sheet?** | | | |  |  | | --- | --- | | No | Yes | | |
| **Do you want to get a copy of your background check and review it for accuracy? (*Consult with OVR counselor for KY background check*)** | | | |  |  | | --- | --- | | No | Yes | | |

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## Preparing for Future Employment

**How prepared are you for an interview, and how can I help prepare you for success? This can include interview clothing, resume development, and interview skills.**

Click here to enter text.

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**Do you have concerns about arriving to work on time? If so, has this been a barrier for you in the past? Please discuss and elaborate**.

Click here to enter text.

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**Do you have two forms of identification?**

**Driver’s License or Picture ID**   **Real ID**  **Social Security Card**

**US Passport**  **Birth Certificate**   **Other:** Click here to enter text.

**Let’s discuss your transportation options for work. What is your plan to get to and from work?**

Click here to enter text.

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**Develop a backup plan to get to and from work in case your primary mode of transportation fails. What options are available to you or in your area?**

Click here to enter text.

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|  |  |
| --- | --- |
| **What shift(s) are you willing to** **work?** | Click here to enter text. |
| **Are you willing to work weekends or holidays?** | Click here to enter text. |
| **How far are you willing to travel for work?** | Click here to enter text. |
| **Do you need a controlled climate?** | Click here to enter text. |
| **Do you have concerns over loud or sudden noises?** | Click here to enter text. |

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**What other job characteristics or supports would you like to discuss that we have not covered? This can include any additional considerations related to individuals, environment, hours of work, work location, etc.**

Click here to enter text.

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**\*Addendum to Educational History - Plans for School and Training\***

**What do you need to start school?**

**Access to a computer** **Computer literacy** Qui**et place to study**

**Transit card** **Financial aid** **Books/ supplies**  **Mental health support** **Eldercare** **Help with transit route** **Help studying** **Help with a study calendar** **Childcare** **Help to navigate campus**

**More support from family/friends** **Help to talk to teachers/instructors** **Other:** Click here to enter text.

**Comments:** Click here to enter text.

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**What are your resources for paying for school tuition? For books? For other school costs?**

Click here to enter text.

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**Have you ever received financial aid for school? Have you ever had a grant? What type? Have you ever defaulted on a grant or student loan?**

Click here to enter text.

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**Do you need any type of classroom accommodations?  No  Yes If yes, please explain.** Click here to enter text.

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

## Click here to enter text.

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**\*Career Profile Amendment(s) and date(s)\*:**

Click here to enter text.

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