**Pine Street Inn’s Supported Employment Services at IMPACT Employment Services – Review Checklist**

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pre-enrollment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact information: T: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ o r \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Does client allow IMPACT to communicate via text: [ ]  Y [ ]  N

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Y or N** | **Date** | **Comments** |
| **Required Documents**  |
| Referral Form |  |  | Residential Site:  |
| Program Entrance Form |  |  |  |
| Case Manager: Contact :  |
| **Work Authorization Documents:**MA ID/License: [ ]  Y [ ]  N Expiration Date: RMV Scheduled Date: Acquired: [ ]  Y [ ]  N SS Card: [ ]  Y [ ]  N Acquired: [ ]  Y [ ]  N Birth Certificate: [ ]  Y [ ]  N Acquired: [ ]  Y [ ]  N Alien Registration Card [ ]  Y [ ]  N Work Visa: [ ]  Y [ ]  N **Notes:**  |
| Participation Agreement  |  |  |  |
| Release of Information |  |  |  |
| **Program Engagement** |
| Computer Proficiency Assessment |  |  | Score: Passing score is 85% |
| Computer Proficiency Instructions  |  |  | New Score: |
| Pre enrollment Assessment  |  |  | Welcome Bag [ ]  Y [ ]  N  |
| HUD Assessment at Enrollment |  |  |  |
| **Activities:** Introduction to E-Board [ ]  Y [ ]  N Career Exploration: [ ]  Y [ ]  N Employment History Form: [ ]  Y [ ]  N  Resume: [ ]  Y [ ]  N Cover/thank you letters: [ ]  Y [ ]  N References: [ ]  Y [ ]  N Mock Interview: [ ]  Y [ ]  N  |
| **Key Train:** Reading Info. [ ]  Y [ ]  N Score:\_\_\_\_ Applied Math [ ]  Y [ ]  N Score:\_\_\_\_ Locating Info. [ ]  Y [ ]  N Score:\_\_\_\_ Career Ready: [ ]  Y [ ]  N **Notes:** |
| Other: |
| **Other Services**  |
| Access to Case Management Services  |  |  | Full access: [ ]  Y [ ]  N Limited [ ]  Y [ ]  N  |
| Access to Telephone |  |  | Budget: [ ]  Y [ ]  N Private: [ ]  Y [ ]  N |
| Access to SNAP |  |  | Amount: $ SNAP Form: [ ]  Y [ ]  N |
| CORI Request Form |  |  | Requested: [ ]  Y [ ]  N Note:  |
| Access to Meals |  |  |  |
| Access to Transportation |  |  |  TAP Card: [ ]  Y [ ]  N |
| Access to Legal assistance |  |  |  |
| Access to Health Insurance |  |  |  |
| Access to Benefits |  |  | SSDI: $ SSI: $ Total: $ | DTA: $ |
| Access to Behavioral Health |  |  |  |
| Access to Interview clothing |  |  | Pant size: Shirt: Shoes:  |
| PSI Training Interest in:  |  |  | Applied to [ ]  Housekeeping [ ]  FSTP [ ]  BMTP Accepted to Training: [ ]  Y [ ]  N Start Date:  |
| Other:  |  |  |  |
| Other: |  |  |  |
| **Program Referral** |
| [ ]  CCCA: [ ] HealthCare [ ] Human Services [ ] IT [ ] Pet Services Date: [ ]  Career Pathway Career Coach Name:  |
| **Program Exit** |
| HUD Assessment at Exit |  |  | Retention: [ ]  Y [ ]  N Date:  |
| Other:  |  |  |  |