**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: |  |  |  | |