

Vocational Profile Face Sheet/SE Referral

Person's Name:	Client ID #:
Address:	Phone:
	Phone #2:
	Email:
Date of referral:	Primary MH worker:

Best way to reach person:

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

Please include some information about the person's illness (diagnosis, symptoms...). How might the person's illness (and/or substance use) affect a job?

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

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

Person making referral

Title

Vocational Profile Face Sheet (side 2)

Attempt to engage the person referred:

Outcome:

Employment specialist

Date

Attempt to engage the person referred:

Outcome:

Employment specialist

Date

Attempt to engage the person referred:

Outcome:

Employment specialist

Date

Attempt to engage the person referred:

Outcome:

Employment specialist

Date

(Please use progress notes to document additional attempts.)

Vocational Profile

This form is to be completed by the employment specialist during the first few weeks of meeting with a new client. Sources of information include the client, the mental health treatment team, and with permission, family members and previous employers.

The profile should be updated with each new job experience.

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?

Education

What school did you attend last? What was the highest grade you completed?

How did you do in school? Were you in any special classes (honors classes or classes to help you learn better)?

Were you ever enrolled in vocational training classes?

Would you ever like to return to school? For what type of degree?

Do you have any certificates or licenses related to work?

Military Experience

What did you do in the military? Did you receive any training?

What years were you in the military?

Do you remember what type of discharge you received?

Work Experience

Most recent job:

Job title:			
Employer:			
Job duties:			
Start Date:		End Date:	
How many hours per week:			
What did you like about job?			
What did you dislike?			
Reason for leaving job?			
Other info about job:			

Next most recent job:

Job title:			
Employer:			
Job duties:			
Start Date:		End Date:	
How many hours per week:			
What did you like about job?			
What did you dislike?			
Reason for leaving job?			
Other info about job:			

Job title:			
Employer:			
Job duties:			
Start Date:		End Date:	
How many hours per week:			
What did you like about job?			
What did you dislike?			
Reason for leaving job?			
Other info about job:			

Next most recent job:

Job title:			
Employer:			
Job duties:			
Start Date:		End Date:	
How many hours per week:			
What did you like about job?			
What did you dislike?			
Reason for leaving job?			
Other info about job:			

Please use additional sheets for other jobs.
Current Adjustment

Has anyone ever told you what type of mental illness you have?

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?

Physical Health

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

Do you have any problems with standing for long periods? Sitting? Climbing stairs?
Lifting?

How is your endurance? How many hours could you work each day? Each week?

Getting Ready for a Job

Do you have a place to bathe or shower?

Do you have the clothes you'll need for a job? For interviews?

Do you have an alarm clock?

Do you have two forms of ID? Picture ID, social security card...?

How might you get to a job?

Interpersonal Skills

How well do you get along with other people?

Would you care for a job that involved working with the public?

Where do you live and with whom do you live?

Who do you spend time with? How often do you see or talk to them?

Who would you like to involve in your employment plan? Who would you like to help provide supports as you go back to work?

Work Skills

How have you found jobs in the past?

What work skills have you learned from other jobs?

What hobbies or interests do you have?

How do you spend your free time?

What type of work do you think you would be good at?

Why do you want to work now?

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

Benefits

Do you receive any of the following benefits?

- SSI SSDI Housing Subsidy Food Stamps ADC
- Retirement from previous job VA benefits (combat related? _____)
- Spouse or dependent child receives benefits
- Medicaid Medicare Other health benefits: _____
- I'm not sure

How would your benefits be affected by a return to work?

Do you manage your own money?

Disclosure

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

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

What might 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 you specialist to go ahead and contact employers on your behalf? (It is ok to change your mind at any time):

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 resume
 rides to job interviews other: _____
-

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?

Criminal Record

Have you ever been arrested?

Have you ever been convicted of a crime?

- _____ Year: _____ Felony or misdemeanor? _____
_____ Year: _____ Felony or misdemeanor? _____
_____ Year: _____ Felony or misdemeanor? _____
_____ Year: _____ Felony or misdemeanor? _____
_____ Year: _____ Felony or misdemeanor? _____

Do you have any legal charges pending?

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?

Do you belong to clubs, groups, a church...?

What are your typical sleep hours?

What part of the day are you at your best?

Networking Contacts

Family:

Friends:

Previous employers:

Others:

Information from Family, Previous Employers or Others

Completed by:

_____ Date: _____