**Career Profile – Roadmap to Job Development**

**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. The Career Profile intends to gather information through conversation, not in an interview style. Information can be gathered in different sections and is not necessarily chronological. For further information, consult your IPS Trainer. \****

**Referral Face Sheet**

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

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

**Social Security#:** Click here to enter text.

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

**Preferred Pronouns:** Click or tap 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:** Click here to enter text.

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

**Office of Vocational Rehabilitation Counselor:** Click here to enter text.

[ ]  Referral sent to Office of 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.

**Has this consumer signed a release of information (ROI) allowing recent treatment records to be released to OVR with this referral form?** [ ] Yes [ ]  No

**How long has the consumer 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 further education to advance his/her career goals?**

Click here to enter text.

**Please include 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, support, etc.*)**

Click here to enter text.

**What job (type of job, hours, etc.) would be a good match?** Click here to enter text.

**IPS Career Profile**

***\*This tool is to be completed by the IPS specialist, typically but not always, within the first few weeks of meeting someone. During this time, the IPS specialist uses this tool to elicit conversation and learn about a consumer’s preferences.***

***Sources of information include the person, the mental health treatment team, consumer 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/or education experience forms. Additional updates can be included in progress notes and/or reports for Vocational Rehabilitation. \****

# Daily Routines

**What is your daily routine?** (*Include the person’s sleep hours, self-care, responsibilities, etc.*) Click here to enter text.

**What would be a perfect day for you—including work/school?** Click here to enter text.

**What time of day do you feel your best?** Click here to enter text.

**Are there places in your neighborhood that you like to go to?** Click here to enter text.

**Do you belong to clubs, groups, a church, etc.?** Click here to enter text.

**What hobbies or interests do you have?** Click here to enter text.

# Work Goal

**What are your strengths? (*What do you enjoy doing? What compliments have you received? How do you interact with technology?)*** Click here to enter text.

**What kind of work have you always wanted to do, and what about this work that interests you?** Click here to enter text.

**What are your Top 5 Jobs that interest you and why?** Click here to enter text.

**What type of job do you think you would like to have now? *(What appeals to you about that type of work? What job would you* not *want? Is there anything that worries you about working a job? What do you hope to get out of working a job?)***Click here to enter text.

**What other preferences do you have for a job?** (*What careers would you like to learn more about)?* Click here to enter text.

**How many hours per week do you want to work?** Click here to enter text.

**How many hours each day do you want to work?** Click here to enter text.

**Could you work the First, Second, or Third Shift?** Click here to enter text.

**Could you work weekends if necessary?** Click here to enter text.

**Is it important to you whether your supervisor is male or female? Please discuss and describe any preferences or concerns regarding your supervisor or coworkers.** Click here to enter text.

**Do you have two forms of Identification? (Picture ID, Social Security Card, etc.?** Click here to enter text.

**Supports**

**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.

**What types of jobs do your friends and family members hold? What do you think about those jobs?** Click here to enter text.

**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.

**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.

**If I have trouble getting a hold of you, who would be a good person to contact to ensure you are okay and let you know about employment opportunities?** Click here to enter text.

## Adult Education [ ] N/A

## *Adult Age Range: 25+*

**Are you interested in attending school or vocational training to advance your work career?** Click here to enter text.

**Tell me about your education history: High School/College/Certificate/Community College/Vocational Training?** Click here to enter text.

**How do you learn best? (*By reading, listening, trying things out yourself? What subjects did you like best/least? Were you in any advanced classes? Were you recognized for anything special?)*** Click here to enter text.

**Did you have any accommodations in school? Yes** [ ]  **No** [ ]

**If yes, please describe the accommodation(s) received.** Click here to enter text.

**Do you have copies of the degrees, licenses, and certificates you earned? Please also list the dates any degree, license, or certificate was obtained.**  Click here to enter text.

**What training, such as certificates, licenses, or degrees, will support your work goal?** Click here to enter text.

**What other preferences do you have for additional education or job/vocational training?** Click or tap here to enter text.

**Would you like assistance learning about financial aid opportunities for education programs?** Click here to enter text.

## Youth/Young Adult Education [ ] N/A

## *Youth Age range: 16-24 years old*

**Are you currently enrolled in school or training? If yes, please tell me about it.** Click here to enter text.

**While in High School, did you start or complete any vocational training relevant to your current career path? Please tell me about it.** Click here to enter text.

**In school, what different strategies helped you learn?** Click here to enter text.

**Were you in any advanced classes? Which ones?** Click here to enter text.

**What are your strengths related to being a student?** Click here to enter text.

**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?** Click here to enter text.

##  Plans for School and Training [ ] N/A *Adult/Youth*

**What do you need to start school? (Access to a computer, Computer Literacy, Quiet place to study, Transit card, etc.)** Click here to enter text.

**Do you have any challenges with the following:**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | Comments |
| Being called on in class | [ ]  Okay | [ ]  Problem | Click here to enter text. |
| Social situations | [ ]  Okay | [ ]  Problem | Click here to enter text. |
| Taking tests | [ ]  Okay | [ ]  Problem | Click here to enter text. |
| Learning from lecture | [ ]  Okay | [ ]  Problem | Click here to enter text. |
| Learning by reading | [ ]  Okay | [ ]  Problem | Click here to enter text. |
| Learning hands-on | [ ]  Okay | [ ]  Problem | Click here to enter text. |
| Concentration | [ ]  Okay | [ ]  Problem | Click here to enter text. |
| Memory | [ ]  Okay | [ ]  Problem | Click here to enter text. |
| Using computers | [ ]  Okay | [ ]  Problem | Click here to enter text. |

**Do you have any student debt?** Click here to enter text.

 -**How much?** Click here to enter text.

 -**How are your payments on the debt going?** Click here to enter text.

**Have you ever received financial aid for school? Did you receive a grant? What type? Have you ever defaulted on a grant or student loan?** Click here to enter text.

## Work Experience [ ] N/A – The person has no work experience.

**Favorite 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 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 job? | Click here to enter text. |
| Who supported you, or what supports did you have for this job: | Click here to enter text. |

**Second favorite job** [ ] N/A

|  |  |
| --- | --- |
| 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 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 job? | Click here to enter text. |
| Who supported you, or what support did you have for this job: | Click here to enter text. |

**Least favorite job** [ ] N/A

|  |  |
| --- | --- |
| 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 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 job? | Click here to enter text. |
| Who supported you, or what supports did you have for this job: | Click here to enter text. |

**Another job you did not like** [ ] N/A

|  |  |
| --- | --- |
| 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 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 job? | Click here to enter text. |
| Who supported you, or what supports did you have for this job: | Click here to enter text. |

**Military Experience** [ ]  **N/A**

|  |  |
| --- | --- |
| Branch: | Click here to enter text. |
| Dates: | Click here to enter text. |
| Training or work experience: | Click here to enter text. |
| Certificate or license:  | Click here to enter text. |

**Do you have your DD214 (Discharge from Active Duty)?** Click here to enter text.

**Do you have any concerns regarding employment due to your military service? Is there additional information to share?** Click here to enter text.

**Cultural Background**

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

*“Your cultural background and story are important to help learn who you are and how employment/education fits into your life.”*

**Describe what you think about when asked about your cultural background:** Click here to enter text.

**How do you identify yourself (*race, ethnicity, gender, color, economic status*)?** Click here to enter text.

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

**Are there any cultural norms that would assist you in feeling comfortable at work/school?** Click here to enter text.

**Which languages do you speak? Which language do you prefer?** Click here to enter text.

**What special events or holidays do you celebrate? Are there family traditions or holidays that would affect work?** Click here to enter text.

**If I meet your family members/supporters, *what should I know about their culture when speaking with or visiting them at home? (Example: Second language, in-person meeting, shoes at the door or outside before entering the house, introductions, eye contact, personal space, etc.)***Click or tap here to enter text.

**Have you ever felt discriminated against regarding a job or at school? Could you tell me about that?** Click here to enter text.

**Health**

**Please tell me about your mental health (*Medications/Side effects/Diagnosis/Current treatment, if any*).** Click here to enter text.

**What helps you manage symptoms? (*What helps you manage symptoms on the job, or how have you handled this in the past? How can we work together to manage symptoms on the job?*)** Click here to enter text.

**How does your physical health impact you? (*Doctor Note/restrictions, accommodations needed, lifting, bending, standing, sitting, climbing, reaching, etc*.)** Click here to enter text.

**Some employers use drug screens while hiring. Is this a concern for you?** Click here to enter text.

**What would help you manage your MH/substance use so that you can be productive and safe at work or school?** [ ]  No concern Click here to enter text.

**Do you have trouble remembering appointments? How do you overcome this, or how can I help?** Click here to enter text.

**Do you have any concerns with concentration, and if so, how might this affect your employment?** Click here to enter text.

## Social Strengths

**What are your social strengths? *(How do you work with others on a job? What are your preferences for a social environment? Describe the personality of a supervisor/teacher whom you would enjoy. What helps you to have positive interactions with others?)*** Click here to enter text.

**How do you feel when you communicate with others? Have you ever struggled to communicate with your supervisor/coworkers? If so, share what was challenging about communicating with them.** Click here to enter text.

**Who are your family/supporters, and how do they feel about you going to work? Who would you call first if you got offered a job tomorrow?** Click here to enter text.

**Describe your current living situation and any goals you may have for the future living situation. (*Alone, with family, supported housing?*)** Click here to enter text.

## Benefits ☐ N/A

**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

Click here to enter text.

**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).

**Would it help if I attended the appointment with you?** Click here to enter text.

**If no referral, why not? *(An example could include not receiving SSI/SSDI benefits, choosing to complete DB101 independently, 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 consumer receives 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 assisting with visiting the food stamp office or a peer specialist exploring a housing subsidy or Medicaid.*) Please provide details.**

Click here to enter text.

## Preference for Sharing Personal Information

## (Disclosure)

Please explain that each person using IPS services can decide if their specialist will contact employers or education programs on their behalf and that they can change their mind at any time. Give examples of how their information may be shared at the beginning of this discussion.

**What could be some advantages of having an IPS specialist contact employers or education programs on your behalf?** Click here to enter text.

**What could be some of the disadvantages?** Click here to enter text.

**What can I share with an employer as your advocate? Be specific (*Some examples include hospitalization, medications, diagnosis, and accommodations)***

 Click here to enter text.

**What can I not share with an employer as your advocate? Be Specific. (*Some examples include hospitalization, medications, diagnosis, and accommodations)***Click or tap 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.

## Legal History ☐ N/A

**Are you concerned about a pre-employment screening (*legal history, substance use test, suspended license…*)?** Click here to enter text.

**Do you have any restrictions regarding where you can work or go to school?** Click or tap here to enter text.

**Do you have any pending legal charges?** **Yes** [ ]  **No** [ ]

**If yes, please explain:** Click or tap here to enter text.

**If you have a probation officer, would it be helpful to let them know you are looking for work with our program?** Click or tap here to enter text.

**Would you like help learning what is on your legal record and obtaining a copy of your record from the OVR?** Click here to enter text.

## Transportation Plan

**What is your current plan to get to and from work?** Click here to enter text.

**Do you have a backup plan to get to and from work if your primary mode of transportation fails? Do you need assistance in developing a backup transportation plan?** Click here to enter text.

**Do you have any concerns about arriving at work on time? If so, what are your concerns, and has this been a barrier for you in the past?** Click here to enter text.

**How far are you willing to travel for work? (*20+ miles from home, only travel within your count*y)** Click here to enter text.

## Additional Information

**Have you talked with treatment team members, family members, and supporters of the individual? Please provide any additional information regarding conversations with the consumer’s support team.** Click or tap here to enter text.

**Have you conducted career exploration with the consumer in the community? Please describe these activities and your findings as they relate to the vocational goal identified in this report and on the job search plan.** Click or tap here to enter text.

**Suggested Employment Goal(s):** Click here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  |  |  |

 Job seeker/student signature