|  |  |
| --- | --- |
|  | **Tennessee Department of Human Services Vocational Rehabilitation Program**  **Individual Placement and Support Career Profile Face Sheet** |

*This face sheet is to be completed after all of the Career Profile encounters are completed and should summarize the Career Profile findings.*

|  |  |
| --- | --- |
| **Customer’s Name:** |  |
| **Address:** | **Phone 1:** |
|  | **Phone 2:** |
| **CRP Agency Name:** | **Email:** |
| **Date of First Meaningful Contact:** |  |
| **VR Counselor:** | **VR Counselor’s Contact Info:** |

**Best way to reach customer:**

**What does the customer say about work? Why does he/she want to work now?**

**Please include information about the customer’s diagnosis and symptoms. How might the customer’s functional limitations and/or substance use impact a job?**

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

**What type of job (environment, hours, etc.) would be a good match for this customer?**

**Name of Employment Specialist**

**CAREER PROFILE**

*The Career Profile should initially be completed during the first few weeks of meeting with a customer and updated frequently.  Sources of information must include at least three face-to-face meetings with the customer, a chart review, and a meeting with a support person (family member, friend, case manager, etc.)*

**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?**

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

**What type of job(s) do you know that you would NOT want?**

**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)?**

**What are your thoughts about returning to school or furthering your education?**

**Do you have any certificates or licenses related to work?**

**Military Experience**

**Have you ever been in the military?** **YES** **NO**

**If so, 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/Volunteer Experience**

**Most Recent Job**

|  |  |
| --- | --- |
| **Employer:** | **Job Title:** |
| **Job Duties:** | |
| **Start Date:** | **End Date:** |
| **Hours per Week:** | **Reason for Leaving:** |
| **What did you like?** | **What did you dislike?** |
| **Other Information:** | |

**Next Most Recent Job**

|  |  |
| --- | --- |
| **Employer:** | **Job Title:** |
| **Job Duties:** | |
| **Start Date:** | **End Date:** |
| **Hours per Week:** | **Reason for Leaving:** |
| **What did you like?** | **What did you dislike?** |
| **Other Information:** | |

**Next Most Recent Job**

|  |  |
| --- | --- |
| **Employer:** | **Job Title:** |
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| **Hours per Week:** | **Reason for Leaving:** |
| **What did you like?** | **What did you dislike?** |
| **Other Information:** | |

**Next Most Recent Job**

|  |  |
| --- | --- |
| **Employer:** | **Job Title:** |
| **Job Duties:** | |
| **Start Date:** | **End Date:** |
| **Hours per Week:** | **Reason for Leaving:** |
| **What did you like?** | **What did you dislike?** |
| **Other Information:** | |

**Other skills/experience:**

**Behavioral Health**

**Tell me about your behavioral health diagnosis.**

**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? How does your medicine affect you?**

**When do you usually sleep?**

**Physical Health**

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

**How does sitting or standing for long periods affect you?**

**How does walking or climbing affect you?**

**How does lifting things affect you?**

**Do you have any physical restrictions? What might this look like for you?**

**Do you have any limitations given by a doctor?**

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

**Other observations:**

**Cognitive Abilities**

**Tell me about your memory.**

**Concentration/attention:**

**Problem solving skills:**

**Psychomotor speed (i.e., throwing a ball or driving a car):**

**What has helped you with these things in the past?**

**Does the customer have notable cognitive deficiencies (i.e., difficulty with reading or writing)?**

**Other observations:**

**Getting Ready for a Job**

**Where do you take a bath or shower?**

**What do you consider “good hygiene”?**

**Do you have the clothes you will need for a job? For interviews? Will you need help with this?**

**How do you make sure you wake up on time?**

**Do you have two valid forms of ID? Picture ID, Social Security card?**

**How might you get to a job? Will you need help with this?**

**Interpersonal Skills**

**How well do you get along with other people?**

**What would you think about 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 might be a good person to help think about good jobs for you? Once you are employed, who would be a good person to support you?**

**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 (clubs, groups, faith communities, etc.)?**

**Are there places in your neighborhood that you like to go?**

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

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

**Benefits**

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

SSI SSDI Housing Subsidy/Voucher Food Stamps TANF

Retirement from previous job VA benefits (combat related?) Spouse or dependent child benefits

Medicaid Medicare Behavioral Health Safety Net Other benefits I’m not sure None

**Do you manage your own money? If not, who does (i.e., representative payee, conservator, etc.)?**

**Substance Use**

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

**Do you use drugs? If so, what kind and how often?**

**Have you ever used drugs in the past? If so, what kind and how often?**

**If you currently use drugs or alcohol, what triggers your use?**

**Justice Involvement**

**Have you ever been arrested?**

**Have you ever been convicted of a crime?**  **YES** **NO**

|  |  |
| --- | --- |
| **Type:** | **Year:** |
| **State:** |  |
| **What were the circumstances around the charge?** | |

|  |  |
| --- | --- |
| **Type:** | **Year:** |
| **State:** |  |
| **What were the circumstances around the charge?** | |

|  |  |
| --- | --- |
| **Type:** | **Year:** |
| **State:** |  |
| **What were the circumstances around the charge?** | |

|  |  |
| --- | --- |
| **Type:** | **Year:** |
| **State:** |  |
| **What were the circumstances around this charge?** | |

**Do you have any legal charges pending?**  **YES NO**

**Are you on the sex offender registry? YES NO**

**Are you on probation or parole? YES NO**

|  |  |
| --- | --- |
| **If yes, Probation/Parole Officer Name:** | **Probation/Parole Officer Contact Information:** |
| **Are there any parameters around your probation or parole (i.e., curfew, location of employer, etc.)?** | |

**References (with contact information, if applicable)**

**Family:**

**Friends:**

**Previous employers:**

**Others:**

**Information from Family, Previous Employers, or Others**

**Additional Forms Completed**

Disclosure Worksheet Release of Information (as applicable)

**1. Referral Made to Benefits Planner:  YES  NO**

|  |  |
| --- | --- |
| If yes, date/time of referral: | Date/time of appointment: |
| If no, provide explanation: | |

**2. Referral Made to Vocational Rehabilitation:  YES  NO**

|  |  |
| --- | --- |
| If yes, date/time of referral: | Date/time of appointment: |
| If no, provide explanation: | |

**Customer Signature**

**CRP Staff Signature**

**Printed CRP Staff Name**

**Career Profile Completion Date**

*The Career Profile is a living document. Job start forms, job end forms, and educational experience forms must be completed and added to customer’s chart as job experience is gained. The Career Profile should also be updated any time new, relevant information is obtained.*

**CAREER PROFILE ACTIVITY NOTE**

The completion of the Career Profile requires *at least* five meaningful encounters that are documented, including at minimum three encounters of face-to-face contact with the customer, one encounter with a member of the customer’s support system (member of the treatment team, family member, benefits counselor, friend, etc.), and one chart review.

**Job Seeker’s Name**:

**Date:**       **Time Spent:**       **Location:**

**Customer Encounter  Chart Review  Support System Encounter**

**Discovery Activity:** *(what did you do with or for the job seeker on this day to get to know him/her better)*

**Results (What did you learn?): (***What did you learn about the job seeker? State what was learned, how the event or task went)*

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**Employment Specialist** **Date**

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**Employment Specialist** **Date**

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PLAN FOR APPROACHING EMPLOYERS

You probably have your own personal feelings about disclosure. Try working on the table below with your employment specialist.

|  |  |
| --- | --- |
| Possible Advantages of Disclosure |  |
| Possible Disadvantages of Disclosure |  |

When employment specialists talk to employers, it is usually possible for them to keep some things private. For example, some people don’t want their employment specialist to share information like diagnosis or medications. Talk this over with your employment specialist and write down the things that you wouldn’t want the specialist to share with an employer.

If you think that you might want your employment specialist to speak with employers, the two of you should discuss what he or she might say. For example, if a person thought he might be anxious at first, the employment specialist could say, “He might have a little difficulty with concentration at first because he is anxious about doing a good job. However, after a couple of weeks, I’m sure that he will be accustomed to the job and his concentration will be fine.” You and your employment specialist should **stop here** and talk about some of the things that he or she might say to employers.

For now, what is your preference about approaching employers?

I don’t want my employment specialist to talk to employers.

I am not sure right now and I would like some more time to think about this

and receive some more information.

I don’t want my employment specialist to share information about me with

employers. However, if my employment specialist is talking to an employer who has

the type of jobs that I like, and s/he hears about a good job lead, I’d like to hear about

that. Maybe I’ll decide to disclose for that employer.

It’s fine with me if my employment specialist talks to employers on my behalf.

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Customer Date

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Employment Specialist Date

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Customer Review – Two Months Date

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Employment Specialist Review – Two Months Date

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Customer Review – Extended Support Plan Meeting Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Employment Specialist Review – Extended Support Plan Meeting Date