



# PROFILE

Do you have a legal guardian?

What brought you to VR?

Why did you choose TDI to help you with your job search/job maintenance instead of another agency?

## SECTION 1

### DEMOGRAPHIC INFORMATION-----1

Client Name:

Date of Birth:

Goes By/ Nick Name:

Age at Intake:

Middle Name:

Gender/Sex:

Maiden Name:

Race:

Previous Name (If applicable):

Social Security Number:

Why did you choose TDI to help you with your Job Search/Maintenance instead of another agency?

Citizenship:

Primary Language:

Secondary Language (if applicable):

VR Counselor Name:

VRC Address/Phone:

Marital Status:

Support Coordinator Name:

Client's Residential Address:

Support Coordinator Address/Phone:

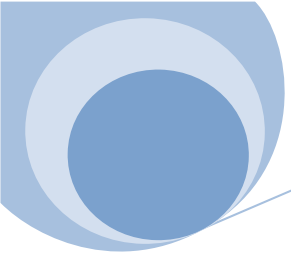
PO Box:

Home Phone:

Cell Phone:

Time at Address:

Email Address:



Previous address (if less than 5 years):

Support Feedback, Preferences, Goals:

Time at Previous Address:

Registered with Selective Service (males only):

Veteran and Status:

In what ways are supports able and willing to support the individual successfully transition into employment (ex: transportation, training, financial support, etc.):

If Yes, Military Branch:

Last Rank Held:

Position's Held:

Military Svc. Dates:

Are there any relevant family circumstances you would like to share?

Stationed Where:

Service Related Disability:

Emergency Contact Name/Relation/Phone:

Supports (Name/Relation/Phone #):

- 1.
- 2.

What is your preferred method of communication?

Do you have computer access?

Do you have skypeing capabilities?

## SECTION 2

### SOCIAL SECURITY AND OTHER BENEFITS-----2

Social Security Income (SSI) Amount:

Do you have a representative payee?

Food Stamp Amount:

Do you have a pending social security claim?

Social Security Disability (SSDI) Amount:

APD/Med Waiver:

HUD Amount:

Unemployment Insurance:

Other Amount:

Are you receiving services from any another state or non-profit agency:

Do you need a referral for benefits counseling or personal financial management?

## SECTION 3

### MEDICAL HISTORY-----3

Medical Diagnosis:

Medications:

Cause, if Known:

For each medication, do you have a current and valid prescription:

Psychiatric Diagnosis:

Workplace Accommodations Required:

IQ Level:

Health Insurance? Yes or No

History of Mental Illness:

Medicare #:

In the past few weeks, have you harmed (or thought about harming yourself) or others:

Medicaid #:

Is there any relevant childhood history that you would like to share? If yes, please explain.

Have you been injured on the job? Yes or No

Have you filed for worker's comp.? Yes or No

Does person smoke? \_\_\_Yes \_\_\_No

Amount smoked?

History of Past Trauma:

Does person drink alcohol? \_\_\_Yes \_\_\_No

Amount alcohol consumed?

Allergies:

Use recreational drugs? \_\_\_Yes \_\_\_No

Primary Care Physician:

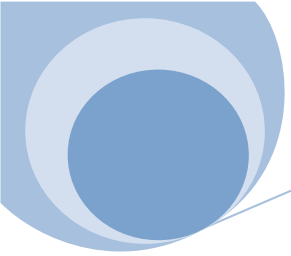
Drug(s) Used?

Treating Psychiatrist:

Frequency of drug use:

Do you manage your own daily basic daily living skills?

If no, please explain.



Do you have a history of being able to manage your emotions effectively?

On a scale of 1 to 10, how do you rate your ability to manage your emotions today?

1.  2.  3.  4.  5.  6.  7.  8.  9.  10.

Have you had any challenges or interventions related to past behaviors?

Do you have challenges with behavior presently?

## SECTION 4

### CRIMINAL/CIVIL/DRIVING RECORD-----4

Arrest History:

- 1. Offense Type:  
County/State:  
Year:  
Disposition:
- 2. Offense Type:  
County/State:  
Year:  
Disposition:
- 3. Offense Type:  
County/State:  
Year:  
Disposition:
- 4. Offense Type:  
County/State:

Year:

Disposition:

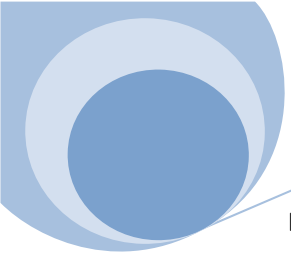
Felony Conviction/s: YES or NO

- 1. Offense Type:  
County/State:  
Year:  
Disposition:
- 2. Offense Type:  
County/State:  
Year:  
Disposition:

Misdemeanor Conviction/s: YES or NO

- 1. Offense Type:  
County/State:  
Year:





Disposition:

Any Pending Charge/s (If Yes, Where, When):

2. Offense Type:

County/State:

Year:

Disposition:

Civil Litigation: YES or NO \$\_\_\_\_\_

Child Support: YES or NO \$\_\_\_\_\_

Prior litigation with a former employer:

On Probation: YES or NO

Driver's License or ID Number:

Probation Officer Name & Phone:

DL or ID Exp. Date:

Have you ever pled nolo contendere:

DL Class (circle): A B C D E

Have you ever had Adjudication Withheld?

License or ID from What State:

Driving Record (Tickets/Accidents/DUI):

## SECTION 5

### PRE-EMPLOYMENT CHECKLIST-----5

Primary Transportation Plan:

Has Orig. Social Security Card: Yes or No

Backup Transportation Plan:

Any Hygiene Issues (list if Applicable):

Is the consumer comfortable with the selection transportation method?

Has Checking/Saving's Account: Yes or No

Resides with whom:

Access to City Bus: Yes or No

Any minor children:

Bus Pass (If Applicable): Yes or No

Necessary childcare in place: Yes or No

Is bus training required?

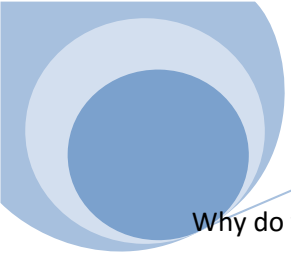
Does Client have a resume: Yes or No

Interview Clothes: Yes or No

Does Client have visible tattoos: Yes or No

Has Original/Valid ID or License: Yes or No

What is the reason you are out of work?



Why do you want to work?

What is your biggest problem in finding a job?

What is your biggest challenge in keeping a job?

Would you like to share your short and long term goals?

What benefits do you expect from working (ex: financial, social)?

## SECTION 6

### WORK AVAILABILITY-----6

Date Available for Work:

Can you work overtime?

Work Schedule Desired:

Are you on a lay-off and subject to recall?

Full Time  Part Time  Shift Work

Are you willing to relocate?

Proximity/Distance will Travel:

Can you travel if a job requires it?

Pay expected:

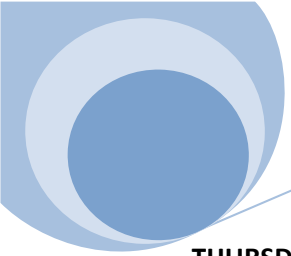
Minimum Number of Hours per Week:

Maximum Number of Hours per Week:

List any schedule restrictions (religious beliefs, dialysis, etc):

**PLEASE NOTE THE EARLIEST AND LATEST TIMES YOU CAN WORK:**

	EARLIEST	LATEST
<b>MONDAY:</b>	_____	_____
<b>TUESDAY:</b>	_____	_____
<b>WEDNESDAY:</b>	_____	_____



THURSDAY: \_\_\_\_\_

FRIDAY: \_\_\_\_\_

SATURDAY: \_\_\_\_\_

SUNDAY: \_\_\_\_\_

## SECTION 7

### SKILLS ASSESSMENT-----7

1 = Extremely Low      5=Average      10=Extremely High

1. Ability to understand written sentences and paragraphs.  
1.  2.  3.  4.  5.  6.  7.  8.  9.  10.
2. Ability to listen and understand what people are saying.  
1.  2.  3.  4.  5.  6.  7.  8.  9.  10.
3. Ability to communicate with others in writing.  
1.  2.  3.  4.  5.  6.  7.  8.  9.  10.
4. Ability to talk to others to tell them information.  
1.  2.  3.  4.  5.  6.  7.  8.  9.  10.
5. Ability to use numbers to solve problems.  
1.  2.  3.  4.  5.  6.  7.  8.  9.  10.
6. Ability to stoop, bend, lift, push and pull.  
1.  2.  3.  4.  5.  6.  7.  8.  9.  10.
7. Ability to analyze the strengths and weaknesses of different approaches.  
1.  2.  3.  4.  5.  6.  7.  8.  9.  10.
8. Ability to find ways to understand new information.  
1.  2.  3.  4.  5.  6.  7.  8.  9.  10.

9. Ability to tell time (Analog and Digital).

1.  2.  3.  4.  5.  6.  7.  8.  9.  10.

10. Ability to adjust to change.

1.  2.  3.  4.  5.  6.  7.  8.  9.  10.

11. Ability to use a computer.

1.  2.  3.  4.  5.  6.  7.  8.  9.  10.

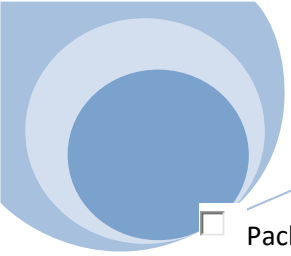
12. Ability to see the resemblance or difference in objects.

1.  2.  3.  4.  5.  6.  7.  8.  9.  10.

13. Check any of the skills that apply:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Bookkeeping               | <input type="checkbox"/> 10 Key/Calculator  | <input type="checkbox"/> Financial Reports         |
| <input type="checkbox"/> Data Entry                | <input type="checkbox"/> Statistical Typing | <input type="checkbox"/> Payroll                   |
| <input type="checkbox"/> Microsoft Word            | <input type="checkbox"/> Microsoft Excel    | <input type="checkbox"/> Microsoft Power Point     |
| <input type="checkbox"/> Microsoft Outlook         | <input type="checkbox"/> General Clerical   | <input type="checkbox"/> Legal Clerical            |
| <input type="checkbox"/> Typing                    | <input type="checkbox"/> Typing Test Taken  | Typing Speed is _____ w.p.m.                       |
| <input type="checkbox"/> Switchboard               | <input type="checkbox"/> Mail Room          | <input type="checkbox"/> File Clerk                |
| <input type="checkbox"/> Other Office Skills _____ |   |  |
| <input type="checkbox"/> Cashier                   | <input type="checkbox"/> Cash Office        | <input type="checkbox"/> Customer Service          |
| <input type="checkbox"/> Merchandiser              | <input type="checkbox"/> Sales Associate    | <input type="checkbox"/> Stock Room Associate      |
| <input type="checkbox"/> Cooking                   | <input type="checkbox"/> Food Preparation   | <input type="checkbox"/> Food Safety/Food Handling |
| <input type="checkbox"/> Waitress                  | <input type="checkbox"/> Bus Person         | <input type="checkbox"/> Hostess                   |
| <input type="checkbox"/> Fork-Lift Operator        | <input type="checkbox"/> General Warehouse  | <input type="checkbox"/> Inventory Clerk           |





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- Packer
- Maintenance
- Other \_\_\_\_\_

List any special training, experience, qualifications or relevant skills to the IPE Goal:

List any consumer interests and hobbies:

What social activities do you enjoy and participate in?

Where do you spend most of your time?

List any work interest areas:

Strength — Lifting and Carrying:

\_\_\_\_\_ Poor (< 10 lbs)    \_\_\_\_\_ Fair (10-20 lbs)    \_\_\_\_\_ Average (30-40 lbs)    \_\_\_\_\_ Strong (> 50 lbs)

Endurance: (without breaks)

\_\_\_\_\_ Works < 2 hours    \_\_\_\_\_ Works 2-3 hours    \_\_\_\_\_ Works 3-4 hours    \_\_\_\_\_ Works > 4 hours

Orienting:

\_\_\_\_\_ Small area only    \_\_\_\_\_ One room    \_\_\_\_\_ Several rooms    \_\_\_\_\_ Building wide    \_\_\_\_\_ Building & ground

Physical mobility:

\_\_\_\_\_ Sit/stand in one area    \_\_\_\_\_ Fair ambulation    \_\_\_\_\_ Stairs/minor obstacles    \_\_\_\_\_ Full physical abilities

Independent work rate: (no prompts)

\_\_\_\_\_ Slow pace    \_\_\_\_\_ Steady/average pace    \_\_\_\_\_ Above average/sometimes fast pace

\_\_\_\_\_ Continual fast pace

Appearance:

\_\_\_\_\_ Unkempt/poor hygiene    \_\_\_\_\_ Neat/clean but clothing unmatched    \_\_\_\_\_ Unkempt/clean

\_\_\_\_\_ Neat/clean and clothing matched

Communication:

\_\_\_ Uses sounds/gestures \_\_\_ Speaks unclearly \_\_\_ Communicates clearly, intelligible to strangers

Appropriate social interactions:

\_\_\_ Rarely interacts appropriately \_\_\_ Initiates social interactions infrequently  
\_\_\_ Polite, responses appropriately \_\_\_ Initiates social interactions frequently

Unusual behavior:

\_\_\_ Many unusual behaviors \_\_\_ Few unusual behaviors \_\_\_ No unusual behaviors

Attention to task/perseverance:

\_\_\_ Frequent prompts required \_\_\_ Intermittent prompts/low supervision require  
\_\_\_ Intermittent prompts/high supervision required  
\_\_\_ Infrequent prompts/low supervision required supervision required

Independent sequencing of job duties:

\_\_\_ Cannot perform tasks in sequence \_\_\_ Performs 4-6 tasks in sequence  
\_\_\_ Performs 2-3 tasks in sequence \_\_\_ Performs 7 or more tasks in sequence

Initiative/motivation:

\_\_\_ Always seeks work \_\_\_ Sometimes volunteers \_\_\_ Waits for directions  
\_\_\_ Avoids next task

Reinforced needs:

\_\_\_ Frequent required \_\_\_ Infrequent (weekly sufficient) \_\_\_ Intermittent (daily) sufficient  
\_\_\_ Pay check sufficient

Family Support

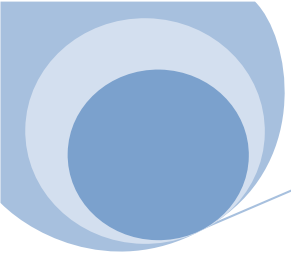
\_\_\_ Very supportive of work \_\_\_ Indifferent about work  
\_\_\_ Supportive of work with reservations \_\_\_ Negative about work

Customer's financial situation:

\_\_\_ Financial ramifications no obstacle \_\_\_ Reduction of financial aid is a concern  
\_\_\_ Requires job with benefits \_\_\_ Unwilling to give up financial aid

Independent street crossing:

\_\_\_ None \_\_\_ Crosses 4 lane street with light \_\_\_ Crosses 2 lane street with light  
\_\_\_ Crosses 4 lane street without light \_\_\_ Crosses 2 lane street without light



Handling criticism/stress:

\_\_\_\_\_ Resistive/argumentative behavior \_\_\_\_\_ Accepts criticism/does not change behavior  
\_\_\_\_\_ Withdraws into silence \_\_\_\_\_ Accepts criticism/changes behavior

Acts/speaks aggressively:

\_\_\_\_\_ Hourly \_\_\_\_\_ Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Never

**\*\*\*PLEASE NOTE THAT ABILITIES CITED IN THIS SECTION ARE BASED ON SELF REPORT\*\*\***

## SECTION 8

EDUCATION-----8

Last school attended:

Grade School  Middle School  High School  Trade School  University

1. High School:

Address:

Phone:

Degree Granted and Year of Graduation:

Special Awards:

2. College/University:

Address:

Phone:

Degree Granted and Year of Graduation:

Special Awards:

3. Other:

Address:

Phone:

Degree Granted and Year of Graduation:

Special Awards:

1. What were your grades like in school?
2. What were your favorite classes?
3. Did you like to attend school?
4. What accommodations did you receive in school (if any):
5. Are you considering going back to school?
6. What grade level do you read at?
7. What grade level do you perform math at?

## SECTION 9

### VOLUNTEER WORK-----9

Designate Volunteer or Community Based Training (C.B.T.)

1. Company Name:

*C.B.T. School (if applicable):*

Address:

Phone:

Title:

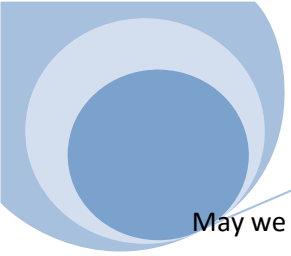
Supervisor:

*C.B.T. School Supervisor (if applicable):*

Start Date:

End Date:

Duties:



May we contact this employer?

Reason for Leaving:

2. Company Name:

*C.B.T. School (if applicable):*

Address:

Phone:

Title:

Supervisor:

*C.B.T. School Supervisor (if applicable):*

Start Date:

End Date:

Duties:

May we contact this employer?

Reason for Leaving:

## SECTION 10

### EMPLOYMENT HISTORY-----10

1. Company Name:

Address:

Phone:

Title:

Wage:

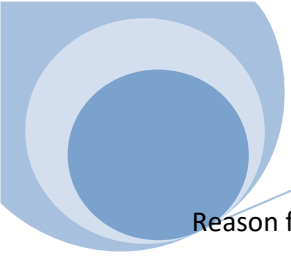
Supervisor:

Start Date:

End Date:

Duties:

May we contact this employer?



Reason for Leaving:

2. Company Name:

Address:

Phone:

Title:

Wage:

Supervisor:

Start Date:

End Date:

Duties:

May we contact this employer?

Reason for Leaving:

3. Company Name:

Address:

Phone:

Title:

Wage:

Supervisor:

Start Date:

End Date:

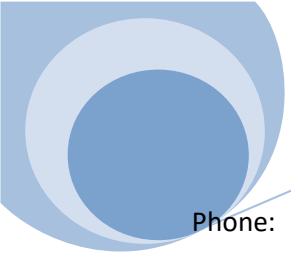
Duties:

May we contact this employer?

Reason for Leaving:

4. Company Name:

Address:



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INDIVIDUALIZED CAREER PLAN

Phone:

Title:

Wage:

Supervisor:

Start Date:

End Date:

Duties:

May we contact this employer?

Reason for Leaving:

5. Company Name:

Address:

Phone:

Title:

Wage:

Supervisor:

Start Date:

End Date:

Duties:

May we contact this employer?

Reason for Leaving:

6. Company Name:

Address:

Phone:

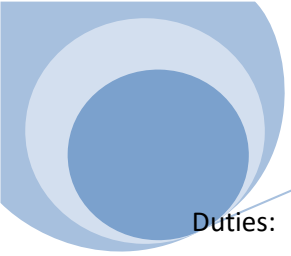
Title:

Wage:

Supervisor:

Start Date:

End Date:



Duties:

May we contact this employer?

Reason for Leaving:

## SECTION 11

### PERSONAL REFERENCES-----11

1. Name:

Address:

Phone:

Title and Employer:

Type of Reference:    Personal (family/friend)    or    Professional (Supervisor /Teacher)

Years Known:

2. Name:

Address:

Phone:

Title and Employer:

Type of Reference:    Personal (family/friend)    or    Professional (Supervisor/ Teacher)

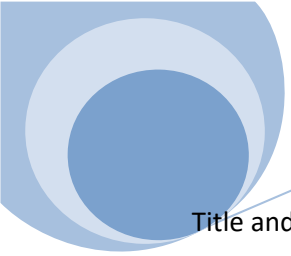
Years Known:

3. Name:

Address:

Phone:





Title and Employer:

Type of Reference: Personal (family/friend) or Professional (Supervisor/Teacher)

Years Known:

## SECTION 12

### SIGNATURES-----18

By signing this (ICP), I acknowledge that:

- a) the information detailed in this plan has been reviewed and shared with me for the purposes of securing a job
- b) the information contained in this document is accurate to the best of my knowledge
- c) I am committed to working with The Diversity Initiative towards my goal of finding employment
- d) I am in agreement to working in partnership with the Coach I am assigned to
- e) I agree to inform my Employment Consultant of any changes to this plan as soon as possible
- f) I authorize the Employment Consultant to use this information to assist me with obtaining and maintaining employment.

\_\_\_\_\_

SIGNATURE OF AGENCY REPRESENTATIVE

\_\_\_\_\_

DATE

\_\_\_\_\_

SIGNATURE OF CONSUMER

\_\_\_\_\_

DATE

\_\_\_\_\_

SIGNATURE OF VR COUNSELOR

\_\_\_\_\_

DATE