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| --- | --- | --- | --- | --- |
| **IPS Career Profile** | | | | |
| Client Name: | | | Today’s Date: | |
| Address: | | | IPS Specialist: | |
| Email: | | | Case Manager-Member ID#: | |
| Client Phone #: | | | VR Counselor: | |
| **Work Goal:** | | | | |
| What is your dream job? | | | What do you want to do now? | |
| Long term work goal? | | | What don’t you want to do? | |
| **Job Preferences:** | | | | |
| 1. | | | How many hours per week would you like to work? | |
| 2. | | | What days and times are you available to work? | |
| 3. | | | How far are you willing to travel for work? | |
| How many hours do you want your shift to be? | | | How will you get to work? | |
| What time do you want your shift to start? | | | Do you have preference about your supervisor being male or female? | |
| **Disclosure:** | | | | |
| Advantages to specialists contacting employers on your behalf: | | | | |
| Disadvantages to specialists contacting employers on your behalf: | | | | |
| Things that are ok to share with an employer: | | Things you do not want shared with an employer: | | |
| Do you want your specialist to contact employers on your behalf? | | If not, what would you like them to do in order to help you get a job? | | |
| **Education:** | | | | |
| Highest Level of Education Achieved and Where? | | | Any training or college classes? Where? | |
| Any certificates or licenses related to work? | | | Are you interested in returning to school? For what? | |
| Languages spoken? What is your preferred language? | | | Were you ever in the military? Branch and when? | |
| **Work History:** | | | | |
| **1. Most recent job:** | | | | |
| Company, Job Title, Location: | | | | |
| Start Date: | End Date: | | Hours per week: | Wage: |
| Job Duties: | | | | |
| What did you like about the job? | | | What did you dislike? | |
| Reason for leaving job? | | | Possible reference? | |
| **2. Next most recent job:** | | | | |
| Company, Job Title, Location: | | | | |
| Start Date: | End Date: | | Hours per week: | Wage: |
| Job Duties: | | | | |
| What did you like about the job? | | | What did you dislike? | |
| Reason for leaving job? | | | Possible reference? | |
| **3. Next most recent job:** | | | | |
| Company, Job Title, Location: | | | | |
| Start Date: | End Date: | | Hours per week: | Wage: |
| Job Duties: | | | | |
| What did you like about the job? | | | What did you dislike? | |
| Reason for leaving job? | | | Possible reference? | |
| **4. Next most recent job:** | | | | |
| Company, Job Title, Location: | | | | |
| Start Date: | End Date: | | Hours per week: | Wage: |
| Job Duties: | | | | |
| What did you like about the job? | | | What did you dislike? | |
| Reason for leaving job? | | | Possible reference? | |
| **5. Any other job information that you want to share?** | | | | |
| **Benefits:** | | | | |
| Do you receive: ☐SSI ☐SSDI ☐Housing Subsidy ☐GA ☐Food Stamps ☐TANF ☐Unemployment | | | | |
| ☐Retirement ☐Veteran Benefits ☐Medicaid ☐Medicare ☐Other health benefits: \_\_\_\_\_\_\_\_\_\_\_\_ ☐Not sure | | | | |
| Do you have a rep payee? ☐Yes ☐No | | | Are you interested in benefits counseling? ☐Yes ☐No | |
| **Criminal Record:** | | | | |
| Have you ever been arrested? ☐Yes ☐No | | | Have you ever been convicted of a crime? ☐Yes ☐No | |
| 1. Offense, Year, Sentence | | | | |
| 2. Offense, Year, Sentence | | | | |
| 3. Offense, Year, Sentence | | | | |
| Do you have any pending legal charges? | | | Probation or Parole Officer Name and Contact Number: | |
| Do you have a copy of your rap sheet? ☐Yes ☐No | | | Are you willing to get a copy of it? ☐Yes ☐No | |
| **Health:** | | | | |
| Mental health issues: | | | Physical health issues: | |
| Mental health medications: | | | Physical health medications: | |
| Side effects: | | | Side effects: | |
| How does your mental health condition affect you? | | | Any problems with standing, sitting, lifting, stairs? | |
| How do you manage your wellness? | | | Do you use alcohol? How much and how often? | |
| Possible accommodations needed at worksite: | | | Do you use drugs? Which drugs? How often? | |
| **Daily Living:** | | | | |
| What is your living situation? | | | What are your sleeping habits? | |
| What do you do in your spare time? | | | Do you belong to any clubs, groups, or religious orgs? | |
| What is important to you about your background/ culture? | | | What special events, holidays, or traditions do you celebrate? | |
| Where do you like to go in your area? | | | Who do you have in your support system? | |
| How well do you get along with other people? | | | Who do you want involved in your employment plan? | |
| **Work Skills:** | | | | |
| What do you need in order to start a job? ☐State ID ☐Social Security Card ☐Transit card ☐Phone ☐Interview clothes ☐Work clothes ☐Help with transportation route ☐Other ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Why do you want to work now? | | | Is there anything that worries you about going to work? | |
| How do you think working will affect your life? | | | How have you found jobs in the past? | |
| How might your culture impact how you look for a job or where you would work? | | | Have you ever felt discriminated against or treated unfairly when looking for work or on a job? | |
| **Networking Contacts:** | | | | |
| Family: | | | Friends: | |
| Previous Employers: | | | Other: | |
| **Information from Family, Previous Employers, Others:** | | | | |
|  | | | | |
| **IPS Specialist Signature Date** | | | | |
| **Client Signature Date** | | | | |