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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** |