Client:       Today’s Date:

Employment Specialist:

Employer:       Start Date:

Position Title:

1. Plan for getting to work:

 Back-up plan for getting to work:

2. What strengths will help the worker succeed on the job:

3. What does the worker want to get out of the job (*for example, meet new people, save to make a specific purchase, occupy time, more income, etc.*):

4. What does the worker want help with in the new job (*for example, getting up on time, dealing with nervous feelings, getting feedback from supervisor, having good relationships with co-workers, learning the job, getting tools/clothes for work, etc.*):

5. Will the IPS Specialist have contact with the supervisor? **YES** **[ ]  NO** **[ ]**

* If yes, please describe the type of contact and how often:
* Release of Information signed for Specialist to speak with supervisor? **YES** **[ ]  NO** **[ ]**

6. Others who can provide job supports to the worker (*enter person’s name, type, and frequency of support*):

[ ]  Family Member:

[ ]  Friend:

[ ]  Case Manager (or another primary worker):

[ ]  Other care professional:

[ ]  Someone else:

* Release of information signed for support person(s)? **YES** **[ ]  NO** **[ ]**

7. Has worker met with a CWIC to manage earnings and entitlements? **YES** [ ]  **NO** [ ]  **N/A** [ ]

* If yes, what is the plan for worker to manage earnings and maintain Medicaid HAB, SSI/SSDI eligibility or plan for independence from entitlements?

a) N/A; does not have Medicaid HAB/SSI/SSDI [ ]

b) Explain:

8. Job Supports

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Support | Where | When/How Often | Who |
|       |       |       |       |
|       |       |       |       |
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Notes/Updates:

Client/Worker Signature Date

IPS Specialist Signature Date