**Name:**        **Date:**

**IVRS Counselor:**       **IPS Specialist:**

**Case Manager:**

**IPS Funding Source (mark all that apply):**

HAB  IVRS  Awaiting Funder

Disability Access Point (DAP)  Behavioral Health District (BHS)  Other (please describe):

**Funder notified of job start?**

**Employer:**       **Job Title:**

**Start Date:**       **Employer Phone Number:**

**Employer Full Address:**

**Supervisor:**       **Pay Rate:**

**Work Schedule:**       **Full-Time:**  **Part-Time:**

**Hours Per Week:**       **Union Position?**  YES  No

**Benefits/Fringe:**

**Describe Dress Code:**       **Transportation:**

**Will on-the-job coaching be provided? If yes, list plans for job coaching *(including start date, days of the week coaching will be provided, what type of coaching is needed, plan to taper on-the-job coaching for self-sufficiency and identify a target date for independence at work)*:**

**Do you feel this is the right job for you? Why or why not? Is there anything the IPS Specialist could assist with to ensure the job better meets your needs and/or preferences? If not, would you like to keep looking for another job that better fits your preferences and interests?**

**What accomodations are needed to create a safe and accessible working environment for you?**

**What accomodations are needed for you to complete any specific job duties, or the essential functions of the job?**

**BENEFITS PLANNING:**

**Check all benefits and entitlements received:** NO BENEFITS

|  |  |  |  |
| --- | --- | --- | --- |
| SSI | SSDI | Housing Subsidy | Food Stamps/SNAP |
| TANF | Retirement from previous job | VA Benefits | Were VA Benefits Combat Related? |
| Spouse or Dependent Child Receives Benefits | Medicaid  Waiver/HAB: | Medicare | No Benefits |
| Unsure which benefits they receive | Other Benefits: | | |

**How will earnings from job be reported, and by whom?**

**DISCLOSURE:**

**Decision to disclose to employer/supervisor:**

**NO, I do not want my IPS Specialist speaking with my employer/****supervisor with me or on my behalf.**

**YES, I am ok with my IPS Specialist speaking with my employer/supervisor with me or on my behalf.**

**IF YES: Would you like your IPS Specialist to communicate with your supervisor about your performance overall, to assist with requesting** **accommodations, or something else? What information would you like shared with your employer/supervisor, and how would you like it shared with them? *(Explain that if the person wants their IPS Specialist to visit or job coach them at their workplace, or have communication with their supervisor, a release of information will need to be signed due to confidentiality of services)*:**

**What information would you like kept private when your IPS Specialist speaks with your employer/supervisor?**

**Release of Information signed for employer/supervisor?**  **YES**  **NO**

**Date Job Start Form sent to Mental Health Team:**

     

Employee/Student Signature Date

     

IPS Specialist Signature Date