Department of Workforce Development State of Wisconsin

Division of Vocational Rehabilitation

IPS Career Profile Report

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

Report must be submitted **within five (5) days** of the end of service, or, if the service is continuing, at the end of each month in which the service is provided.

|  |  |
| --- | --- |
| Report Month | Report Year (YYYY)     |
| Consumer IRIS Number (9 Digits)      | Service Provider Name (10-Character Abbreviation)      |
| Consumer Name (As Listed on Purchase Order)      | Service Authorization Date (MM/DD/YYYY)      |
| Report Author      | Purchase Order (PO) Number      |

**Instructions**

The Career Profile benchmark payment will be paid by DVR once the Career Profile form and services as described in the technical specifications are completed, submitted, and accepted by DVR.

Work on the Career Profile should begin as soon as the consumer expresses interest in employment which could occur prior to the referral to DVR or authorization for this service by DVR. At the time of the initial referral of the consumer to DVR, there should be a conversation between the employment specialist and DVR to determine if DVR can provide an authorization based on progress of the Career Profile.

It is expected that the consumer will be contacted immediately upon referral from DVR (within 48 hours) and the face-to-face (if possible) interviews to work on the form and other interviews will begin no later than two weeks following the referral. The timeframe for completion of the services and submission of the report is 60 days.

This form is to be completed as a discussion guide with the employment/education specialist during the first few weeks of meeting with the consumer. Each section should be completed as fully as possible and reflect a summary of the discussion. If a consumer is reluctant to respond, it is suggested that the employment specialist revisit the sections to get a more complete response over time. DVR and the Mental Health Case Manager may be able to consult with the employment specialist and suggest strategies to get information from the consumer using counseling techniques. Sources of information include the consumer, the consumer's mental health treatment team, client records, and, with permission, family members and previous employers.

**Potential Members of the IPS Supported Employment Team**

Supported Employment services are provided as a working team with the DVR consumer at the center. The makeup of the team is individualized based on the needs and expressed wishes of the consumer. The team typically includes the consumer, the DVR Counselor, a Supported Employment service provider, a guardian (if applicable), family members, representative payee, representatives of the entities providing funding and service coordination following DVR case closure, and any other individuals identified who support the consumer's employment goals. If the provider is finding it difficult to identify team members, they should reach out to DVR to confer.

|  |  |
| --- | --- |
| Consumer Name:      Phone:      Email:       | Guardian Name:      Phone:      Email:      Relationship to the consumer:       |

|  |  |
| --- | --- |
| DVR Counselor Name:     Phone:      Email:       | Provider Staff Name:     Phone:      Email:      Relationship to the consumer:       |
| Long-Term Support Name:     Phone:      Email:       | Name:     Phone:      Email:      Relationship to the consumer:       |
| Name:     Phone:      Email:      Relationship to the consumer:       | Name:     Phone:      Email:      Relationship to the consumer:       |
| What do the team members say about the consumer's vocational strengths and challenges?      |
| Which members of the team does the consumer feel will help them with their employment goals? Is there anyone that should be included? Does the consumer share information with people on the team?      |
| Behavioral Support Plan - Does this person have a behavioral support plan or formalized written plan in place used as a guide for in home or community activity?[ ]  Yes [ ]  NoIf Yes, please describe contents and identify source or location:       |

**Work Goal**

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| Have you identified a job goal with your DVR Counselor? What was that goal? (Identify if the provider discovers that the goal is different from what was discussed with DVR) If No, what job or types of jobs are you interested in?       |
| What challenges, if any, have you experienced when working? What do you feel you need to be successful at work? What skills do you have that would benefit an employer? What have you done in the past to help you be successful? How have others helped you at work?      |
| Information about ideal work situation: Describe your ideal supervisor” “Describe your ideal team at work.” “What does work with other people around look like for you? What struggles might you have working around other people? What things might you enjoy about working with others?"      |
| What does the consumer think about information provided by others on the team? Do they accept it? Do they agree?      |

**Education/Training Experience**

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| --- |
| Did you complete high school?[ ]  Yes [ ]  No |
| If No, would you be interested in earning your GED/high school equivalency diploma or go to college?[ ]  Yes [ ]  No [ ]  College [ ]  Not Applicable |
| Did you participate in job training classes or experiences in high school? (Examples: JobCorps, vocational classes, vocational training, certification classes, Skills to pay the bills.) [ ]  Yes [ ]  No |
| If Yes, what activities took place and was that like? What did the consumer identify that they learned from those experiences to help them now?Describe the experiences:       |

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| If you decide to go to school, what do you need to start school? [ ]  Access to a computer [ ]  Computer literacy [ ]  Quiet place to study[ ]  Transportation financing [ ]  Financial aid [ ]  Books/ supplies[ ]  Mental health support [ ]  Child/Eldercare [ ]  Help studying [ ]  Help with a study calendar [ ]  Help navigating campus [ ]  More support from family/friends[ ]  Help talking to teachers/instructors [ ]  Other:        |

**Job and Work Experience**

(Please use additional sheets for other jobs.)

|  |
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| Have you been able to independently make decisions (organize, solve problems, take action) in any previous jobs or work-related experiences?      |
| What kind of help do you need? Give some examples/comments:      |
| Who can help us think about jobs you would enjoy?      |
| What do others who know the consumer suggest would be a good job fit for the consumer?      |
| Once you are employed, who would be a good person to support you? How can they help?      |

|  |
| --- |
| **Most Recent Job**  [ ]  Not Applicable – Person has no work experience |
| Job Title      | Employer      |
| Job Duties      |
| Start Date      | End Date      | Number of Hours Worked per Week      |
| Additional details that should be discussed about each job to include: How did you find this job? What did you like about this job? What did you dislike about this job?, What was your supervisor like?, What were your co-workers like?, What was the reason for leaving this job?, Any other information you would like to share about this job?      |

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| **Next Most Recent Job**  [ ]  Not Applicable – Person has no work experience |
| Job Title      | Employer      |
| Job Duties      |
| Start Date      | End Date      | Number of Hours Worked per Week      |
| Additional details that should be discussed about each job to include: How did you find this job? What did you like about this job? What did you dislike about this job?, What was your supervisor like?, What were your co-workers like?, What was the reason for leaving this job?, Any other information you would like to share about this job?      |

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| **Next Most Recent Job**  [ ]  Not Applicable – Person has no work experience |
| Job Title      | Employer      |
| Job Duties      |
| Start Date      | End Date      | Number of Hours Worked per Week      |
| Additional details that should be discussed about each job to include: How did you find this job? What did you like about this job? What did you dislike about this job?, What was your supervisor like?, What were your co-workers like?, What was the reason for leaving this job?, Any other information you would like to share about this job?      |

**Life Activities and Experiences**

Information in this section is used to identify any other interests, networking, volunteer, or work experience, or strength areas not identified in other sections. Existing documentation may exist to help complete this section from the consumers Case Manager and/or the DVR Counselor.

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| Friends and social group(s)      |
| Describe the personal activities, including hobbies, performed at home and the community       |
| Describe the Family/friend activities, including hobbies, performed at home and the community      |
| Specific events and activities that are of critical importance to you.       |
| Are you able to meet people and get along (have positive relationships) in your community?What kind of help do you need? Give some examples/comments.       |
| What are your typical sleep hours? What is the best time of day for you to work?       |
| Are you able to take care of yourself (hygiene, cleaning, safety) in your community?What kind of help do you need? Give some examples/comments.       |
| Can you describe how you like to learn? Examples: Observation, try things yourself, talk to others?       |
| Do you have military experience (ROTC)? When and what jobs and skills did you have during your service?      |
| What is important to you in terms of your background and culture? What do I need to know and understand? (That is, race, ethnicity, color, gender, economic status, etc.)       |

**Description of Skills, Interests, and Conditions in Life Activities**

List specific skills the consumer already has in each section. How do those experiences impact and influence work choices?

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| Do you have any daily living or other support needs that may require another individual to help? (For example, toileting, assistance to eat/drink during breaks and lunch, take medications, etc.)?       |

| Type of Skill(s) | Name of Skill(s) |
| --- | --- |
| Housekeeping |       |
| Community Participation/Volunteering |       |
| Recreation/Leisure/Hobbies |       |
| Academic |       |
| Physical Fitness |       |
| Arts and Talents |       |
| Vocational |       |

**Cognitive Health**

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| Describe your memory       |
| Describe how well you concentrate and focus       |
| Do you need to take your time during activities, or can you work quickly?       |
| If you feel you need help doing any of the above areas, what things have helped you in the past?       |

**Physical Health**

|  |
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| How is your physical health? Do you have any health problems to consider in employment?       |

| **Identify the foll****owing information**  | **Yes** | **No** | **Please describe relevant work details**  |
| --- | --- | --- | --- |
| The consumer can stand for       hours/minutes. | [ ]  | [ ]  |       |
| The consumer can climb stairs. | [ ]  | [ ]  |       |
| The consumer can lift       pounds. | [ ]  | [ ]  |       |
| The consumer can walk       miles/blocks. | [ ]  | [ ]  |       |
| The consumer can work       hours per day. | [ ]  | [ ]  |       |
| The consumer can work       days per week. | [ ]  | [ ]  |       |
| The consumer has issues with balance. | [ ]  | [ ]  |       |
| The consumer has issues with fine motor skills.  | [ ]  | [ ]  |       |
| Other:       | [ ]  | [ ]  |       |

**Mental Health**

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| How would you describe your mental health right now? Describe your symptoms.       |
| What makes your symptoms better? What things have made symptoms worse?       |
| What are the first signs that you may be experiencing a symptom flare-up?       |
| Does your doctor prescribe medications for your mental health? [ ]  Yes [ ]  No |
| If Yes, which ones and when do you take them? (Can be found in the consumer's file)       |
| How do the medications work for you?       |
| Do you anticipate that taking medications might cause some difficulties at work or school given the time of day you take them?       |

Transportation Plan

Plan for transportation (resources, cost, roles, and responsibilities). Complete as much of the table as possible. If the area does not apply, enter N/A. Describe the plan      .

|  | Geographic Area it is Available/ Practical | Times it is Available (Days and Hours) | Flexible | Reliable | Cost per Ride | Training or Support Needed & Provider | Long-Term Option |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Walking |       |       |       |       |       | [ ]  Yes [ ]  No      | [ ]  Yes [ ]  No |
| Biking |       |       |       |       |       | [ ]  Yes [ ]  No      | [ ]  Yes [ ]  No |
| Public Transit |       |       |       |       |       | [ ]  Yes [ ]  No      | [ ]  Yes [ ]  No |
| Rides from Family |       |       |       |       |       | [ ]  Yes [ ]  No      | [ ]  Yes [ ]  No |
| Ride share with Community Member/Coworker |       |       |       |       |       | [ ]  Yes [ ]  No      | [ ]  Yes [ ]  No |
| Taxi or Transportation Company  |       |       |       |       |       | [ ]  Yes [ ]  No      | [ ]  Yes [ ]  No |
| Driver's License |       |       |       |       |       | [ ]  Yes [ ]  No      | [ ]  Yes [ ]  No |
| Specialized Transportation |       |       |       |       |       | [ ]  Yes [ ]  No      | [ ]  Yes [ ]  No |
| Other       |       |       |       |       |       | [ ]  Yes [ ]  No      | [ ]  Yes [ ]  No |

**Benefits**

|  |
| --- |
| [ ]  SSI [ ]  SSDI [ ]  Housing Subsidy [ ]  Food Stamps [ ]  TANF |
| [ ]  Retirement from previous job [ ]  Medicaid [ ]  Medicare |  [ ]  VA benefits VA benefits combat-related? [ ]  Yes [ ]  No |
| [ ]  Spouse or dependent child receives benefits[ ]  Unsure which benefits they receive[ ]  Other benefits:       [ ]  No benefits |  |
| Do you manage your own money?[ ]  Yes [ ]  NoIf No, who helps you manage your money?      |
| Do you feel you need more information about your Social Security and other benefits?[ ]  Yes [ ]  NoIf No, why not?      |

**Disclosure**

(or use “Plan for Approaching Employers” Worksheet)

**Note:** Please explain that each person using supported employment services can decide whether their employment specialist will contact employers on their behalf.

|  |
| --- |
| What has been your experience in sharing your disability in the job search process? What is your approach?       |
| What could be some of the advantages of having an employment specialist contact employers on your behalf?      |
| What could be some of the disadvantages of having an employment specialist contact employers on your behalf?      |
| Are there any things that you would not want your employment specialist to share with an employer?      |
| Do you know if you would like your specialist to go ahead and contact employers on your behalf? (It is okay to change your mind at any time.)      |
| If you decided that the specialist should not contact employers, what things would you like him or her to do to help you find a job?[ ]  Help with job leads [ ]  Help filling out applications [ ]  Help writing a resume[ ]  Rides to job interviews [ ]  Practicing job interview questions and answers[ ]  Help following up on applications[ ]  Other:       |

**Substance Use**

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| Please describe any use of drugs or alcohol. Is there a particular time or day that you use drugs or alcohol?       |

**Criminal Justice History**

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| Please describe any criminal justice involvement and relevant work implications. Please also include the contact of any individuals who need to be consulted or included in planning for employment such as a probation or parole staff member assigned to work with the consumer.       |
| Do you have any pending legal charge(s)?[ ]  Yes [ ]  NoIf Yes, what charge(s)?      |

**Supported Employment Coordination Plan Section**

To be completed for only those consumers receiving Customized Employment, Individual Placement and Support (IPS), or Supported Employment.

**Note**: When working with Family Care, IRIS, CLTS, or other long-term support programs, DVR must coordinate with the program to identify the type of supports needed and when those services should be implemented and identified in corresponding consumer service plans. The communication should be documented and include an agreement for planned services, employment, payment, timing, and outcomes for the consumer.

The coordinated plans should be reviewed at the following three points in the process:

1. DVR Post Career Profile/Discovery meeting and assessment
2. DVR 60-day on-the-job meeting
3. Before transition to long-term support

**DVR Post Career Profile/Discovery Report Coordination**

|  |  |  |
| --- | --- | --- |
| Consumer Signature      | DVR Counselor Signature      | Service Provider Signature      |
| Guardian      | Provider of Long Term Supports      | Other      |
| **Signatures are suggested, but not required before submission for payment. In lieu of signature(s), an email attachment to the consumer's case stating agreement to the transition plan may also be accepted.** |

**Please add any additional information after this line**