

## Customized Employment Discovery Profile Report

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

Please review Technical Specifications and Fee Schedule for additional service information. 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 Date	Report Author
Invoice Amount	Counselor/DVR Staff Contact Name

**Note:** All information documented in this report must be in narrative form.

<b>Visits to the Consumer</b> (Home or alternative locations)		
Provide information on routines, hobbies, family supports, activities, and other perspectives related to the consumer's residence.		
Date	Duration	Observations

<b>Interviews with Individuals who know the consumer well</b>				
Interviews should focus on individuals who seem optimistic about the consumer's efforts to become employed. Specific names should be based primarily on suggestions by the individual and family, as appropriate. Between two to three interviews should be conducted with persons both paid and not paid to deliver services to the consumer. These conversations should inform the community activities that follow. When consumers do not have much community experience, use these visits to explore activities that interest the consumer.				
Date	Duration	Name	Relationship to Consumer	Results of Interview

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 No

If Yes, please describe contents and identify source or location:

Observations of the area near the consumer's home (nearby employment, services, transportation and mobility corridors, safety concerns, etc.).

One of these observations is required and can be performed in conjunction with a visit to the individual's home.

### Activities

Service provider is required to participate in the following activities with the consumer to gather accurate and consistent observations. If the consumer does not typically participate in activities outside of home and lacks familiar activities, the provider should reframe the conversation to translate familiar activities to community settings and explore desirable or aspirational activities.

Typical life activities outside of the consumer's home should include participation with the individual in community activities they typically participate in such as shopping, recreation/leisure, banking, etc. These activities may also include those that adults might typically do together in the local community such as having a cup of coffee, attending a local festival, eating lunch, etc.

A minimum of **two** of these activities is required.

Name of Activity	Date	Duration	General Observations

Familiar activity in which the individual is at their best and most competent should be carefully planned and discussed so that conditions, interests, and competencies can be identified. The specific activity must be negotiated and approved by the individual and family, as appropriate.

A minimum of **one** of these activities is required.

Name of Activity	Date	Duration	General Observations

Novel activity in which the individual is interested in participating but has not yet had the chance to do so.

This activity should be carefully planned and discussed so that conditions, interests and competencies can be identified. Care must be taken to assure that the activity is consistent with as many of the individual's strengths, needs and interest as possible and it must be approved by the individual and family, as appropriate.

A minimum of **one** of these activities is required.

Name of Activity	Date	Duration	General Observations

### Review of Existing Records

This should be one of the last activities of discovery and is conducted after a relationship has been developed and knowledge gained about the individual. Written permission must be obtained from the individual or family, as appropriate, to review records.

Discovery Notes and Photos Collection are used to assist in the development of profile documents.

These items are attached to this report:

- |                           |                    |
|---------------------------|--------------------|
| Personal memorabilia      | Citations/Awards   |
| Hobby exemplars           | Other, please list |
| Letters of Recommendation |                    |

## PART I: Profile Interview/Intake General Information

### Participants Identification Information

Date of Birth	Marital Status
Address	Current family status with Local/State funding entity
Phone	Additional agencies involved with participant/family

### Residential/Domestic Information

Spouse/Significant other
Length of Relationship
Current Employer
Extended family in local area

### Individuals Living in Same Home

Name	Age	Relation	Employment

This consumer lives in a group home:    Yes            No

Please Describe:

## Residential History

Please report the last 3 housing situations.

Location/Neighborhood Description	List General Commercial Areas (shopping, industry, services) Near Home

## 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

**Education and Specialized Training History**

School	Degree or accomplishment	Date Achieved	Reason if not completed

**Vocational Classes, Internships, Special Trainings, etc.**

Identify class, internship, training	Date	Location	Special skills developed	Did the consumer find this opportunity interesting? Discuss.

**Work History**

(List from most recent)

Business	Date(s)	Location	Job Title	Wage	Reason for Leaving

**Criminal Justice History**

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      No

If Yes, what charge(s)?

## PART II: Discovery Profile

### Participant and Family

Brief summary based on intake interview

Description of typical routines

Family (or staff) supports

Family (staff) and personal responsibilities

Physical and health related issues

### Educational Experiences

Overall educational experiences

Academic programming

Community/Recreation programming

Vocational experiences and programming

### Employment and Related Activity

Informal work performed at home and for others

Formal chores and responsibilities

Entrepreneurial activities

Internships, structured work experiences, sheltered work, volunteering

Wage employment

General areas of previous work interest

### Life Activities and Experiences

Friends and social group(s)
Personal activities, including hobbies, performed at home
Personal activities, including hobbies, performed in the community
Family/friend activities, including hobbies, performed in the community
Family/friend activities, including hobbies, performed at home
Specific events and activities that are of critical importance

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

Type of Skill(s)	Name of Skill(s)
Domestic/Home	
Community Participation	
Recreation/Leisure	
Academic	
Physical Fitness	
Arts and Talents	
Communication	
Social Interaction	
Mobility	
Sensory (sight, hearing, smell, touch)	
Vocational	



### **Interests Toward an Aspect of the Job Market**

General Personal Interests

General Family Interests (or staff)

Activities consumer engages in without being expected to do so

General areas of current work interest

Specific areas of past work experience

### **Contributions**

Strongest positive personality characteristics

Most reliable strengths regarding performance

Best current and potential skills to offer to potential employers

Credential training, certifications, and recognized skills

Possible sources for recommendations

Resources/financial assets

### **Challenges**

Areas that may need to be matched to specific employment sites

Areas that may need negotiation with local employers

Physical/health restrictions

Mental health barriers to employment

Habits, routines, idiosyncrasies

Challenges associated with disability/need for accommodation and disclosure

Financial issues

Transportation issues

Promising solutions (current, past, or potential)

## 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
<b>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.</b>		

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

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