

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 No If Yes, please describe contents and identify source or location:	

Work Goal
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
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 what was that like? What did the consumer identify that they learned from those experiences to help them now? Describe the experiences:

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.)

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?		

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?		

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.	
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? (i.e., 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?	
Do you have any daily living or other support needs that may require another individual to help? (e.g., 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	
Other	

Cognitive Health
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 No, or you feel you need help doing any of the above areas, what things have helped you in the past?

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

Identify the following information	Yes	No	Please describe relevant work details
The consumer can stand for			
The consumer can climb stairs			
The consumer can lift pounds			
The consumer can walk			
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
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

Do you receive any of the following benefits?

SSI	SSDI	Housing Subsidy	Food Stamps	TANF
Retirement from previous job	Medicaid		Medicare	VA benefits
Spouse or dependent child receives benefits				VA benefits combat-related?
Unsure which benefits they receive				Yes No
Other benefits:		No benefits		

Do you manage your own money?

Yes No

If No, who helps you manage your money?

Do you feel you need more information about your Social Security and other benefits?

Yes No

If 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

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

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)?

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
