

**Vocational Services
Intake Supplement**

Client Name: _____
Assessor: _____
Intake Date: _____

What is your current employment goal?:

- | | | |
|--|-----|----|
| Are you presently working? | YES | NO |
| 1. Have you thought about working? | YES | NO |
| 2. Are you interested in working full time? | YES | NO |
| part time? | YES | NO |
| 4. Highest level of education completed: _____ | | |
| 5. Do you have any college, trade or vocational experience? | YES | NO |
| Which one? _____ | | |
| What level? _____ | | |
| Did you complete the program? | YES | NO |
| Did you receive a degree or certificate? | YES | NO |
| Which one? _____ | | |
| 6. Do you have your TASC, GED or High School Diploma? | YES | NO |
| Which one? _____ | | |
| If no, would you like to get your GED or take classes somewhere to increase your skills in a particular interest? | YES | NO |
| 7. Would you be interested in attending a job fair? | YES | NO |
| 8. Do you have the following documentation: | | |
| <input type="checkbox"/> Driver's license <input type="checkbox"/> Non-driver's ID <input type="checkbox"/> SS Card <input type="checkbox"/> Birth Certificate | | |

Financial/Benefits

- | | | |
|--|-----|----|
| 1. Do you have a bank account? | YES | NO |
| 2. What benefits do you currently receive: | | |
| <input type="checkbox"/> SSI <input type="checkbox"/> SSD <input type="checkbox"/> Cash Assistance <input type="checkbox"/> SNAP/Food Stamps | | |
| <input type="checkbox"/> Section 8 <input type="checkbox"/> Other: _____ | | |
| 3. Do you understand how working may affect your benefits? | YES | NO |
| 4. Do you have a rep-payee? | YES | NO |

Disability

How might your disability affect you at work?

Mobility Skills

- | | | |
|--------------------------------------|-----|----|
| 1. Do you use any assistive devices? | YES | NO |
|--------------------------------------|-----|----|

a. What do you use? Check all that apply:

- | | | |
|--|---|----------------------------------|
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Power Wheelchair | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Personal Care Aide | <input type="checkbox"/> Dynovox |
| <input type="checkbox"/> Other, describe: | | |

2. How do you get where you need to go:

- | | | |
|---|---|--|
| <input type="checkbox"/> Drive | <input type="checkbox"/> Ride from a friend/family member | <input type="checkbox"/> Public Transportation |
| <input type="checkbox"/> Paratransit/LiftLine | <input type="checkbox"/> Walk | <input type="checkbox"/> Bike |

- | | | |
|--|-----|----|
| 3. Have you ever been trained on using the bus or train service? | YES | NO |
| 4. Have you ever applied for Paratransit/LiftLine? | YES | NO |
| 5. Are you eligible for Paratransit/LiftLine? | YES | NO |

Interpersonal Skills

Does the participant:

- | | | |
|--|-----|----|
| Make eye contact? | YES | NO |
| Use appropriate greetings/salutations? | YES | NO |
| Display respect for others? | YES | NO |
| Have conflict with parents, siblings, significant others, staff, etc? | YES | NO |
| Disregard or violate rights of others? | YES | NO |
| Blame others for own problems and behaviors? | YES | NO |
| Display dishonesty? | YES | NO |
| Appear generally argumentative? | YES | NO |
| Display lack of empathy for the feelings of friends, family, staff, etc? | YES | NO |

Personal Care

Does the participant:

- | | | |
|---|-----|----|
| Shower/Bathe regularly? | YES | NO |
| Understand the importance of doing so? | YES | NO |
| Recognize when their clothing is dirty and needs to be changed? | YES | NO |
| Brush their teeth at least daily? | YES | NO |
| Have visible tattoos or piercings? | YES | NO |
| Understand these may be frowned upon in a work environment? | YES | NO |
| Dress neat and tidy? | YES | NO |
| Seem malodorous? | YES | NO |

Problem-Solving Skills

Is the participant able to:

- | | | |
|---|-----|----|
| Identify and define a problem? | YES | NO |
| Generalize solutions to specific problems? | YES | NO |
| Explore alternative solutions? | YES | NO |
| Identify appropriate contacts for problem resolution? | YES | NO |
| Stay calm under a reasonable amount of pressure? | YES | NO |