

Individual Supports Assessment Form

Date:	Provider ID:
Customer Name:	SS#:
Employment Specialist:	ID Code:
Street	Initial:
City/State/Zip	On-Going:

Please answer each question regarding the customer's current goals, preferences, and experiences. Information needed to respond to each question should be obtained from the customer during a face-to-face interview prior to employment or while working if a change in employment is desired.

I. Vocational Goals and Experience

1. **What are your career and life goals?** (Describe the job or position you would like to have and any other goals you would like to pursue, e.g., school, independent living, etc.)

2. **Where might you like to work?** (check all that apply)

- 1) restaurant
- 2) grocery store
- 3) retail store
- 4) hospital/nursing home
- 5) office building
- 6) hotel/motel
- 7) university/school
- 8) day care facility
- 9) factory
- 10) service provider/agency (e.g., church, park)
- 11) don't know
- 99) other (Describe: _____)

3. a. What type of job might you like to have? (check all that apply)

b. Is there anyone you know who works in the places or in a position that you might like to have that you wouldn't mind us contacting?

Name	Relationship	Phone #	Employment

4. What types of things might be important to you in working in the position of your choice? (check all that apply)

- _____ 1) hours
- _____ 2) benefits (e.g., paid vacations, sick leave, employee discount)
- _____ 3) health insurance
- _____ 4) wages
- _____ 5) location of business
- _____ 6) co-workers
- _____ 7) work environment
- _____ 8) nothing/don't know
- _____ 99) other / Describe:

5. Have you ever been employed in a paid job?

_____ 1) yes _____ 2) no

If yes, a) where did you work?

- 1) _____
- 2) _____
- 3) _____

b) what was your job title?

- 1) _____
- 2) _____
- 3) _____

6. Have you participated in any other work experiences (e.g., volunteer work, vocational training, etc.)?

_____ 1) yes _____ 2) no

If yes, describe the work that you did.

7. Who might you like to assist you in finding a job? (check all that apply)

- _____ 1) parents
- _____ 2) brother/sister
- _____ 3) relatives
- _____ 4) girlfriend/boyfriend/spouse
- _____ 5) friends
- _____ 6) community member / Describe:
- _____ 7) professional / Describe:
- _____ 8) no one/don't know
- _____ 9) other / Describe:

8. In what ways would you be willing to help with finding a job? (check all that apply)

- _____ 1) identifying job leads
- _____ 2) looking at the newspaper
- _____ 3) contacting employers
- _____ 4) picking up job applications
- _____ 5) developing a resume
- _____ 6) none/don't know
- _____ 99) other / Describe

9. What means of transportation would you be willing to use in order to go to and from work? (check all that apply)

- 1) drive self
- 2) friend or family member transport
- 3) walk
- 4) ride a bicycle
- 5) ride the bus
- 6) use a taxi
- 7) carpool
- 8) ride with co-workers
- 9) use specialized transportation
- 10) none/don't know
- 11) other /Describe

II. Interests

10. What do you do during your free time?

- 1) watch television
- 2) shop/go to the mall
- 3) participate in organized recreational or sporting activities
- 4) go to sporting events
- 5) go bowling
- 6) roller skate/ice skate
- 7) read books or magazines
- 8) go to movies
- 9) listen to music
- 10) go to concerts
- 11) hang out with friends
- 12) go dancing
- 13) talk on the telephone
- 14) hobbies
- 15) arts and crafts
- 16) nothing
- 17) other / Describe

11. Are there other things you would like to do during your free time?

- 1) yes 2) no

If yes, what kinds of things would you like to do? (check all that apply)

- 1) watch television
- 2) shop/go to the mall
- 3) participate in organized recreational or sporting activities
- 4) go to sporting events
- 5) go bowling
- 6) roller skate/ice skate
- 7) read books or magazines
- 8) go to movies
- 9) listen to music
- 10) go to concerts
- 11) hang out with friends
- 12) go dancing
- 13) talk on the telephone
- 14) hobbies
- 15) arts and crafts
- 16) other / Describe

12. Who do you usually spend your free time with? (check all that apply)

- 1) friends
- 2) girlfriend/boyfriend/spouse
- 3) parents
- 4) brothers/sisters
- 5) relatives
- 6) neighbors
- 7) peers (e.g., students, workshop participants)
- 8) general public
- 9) no one
- 10) other Describe

13. Do you participate in any clubs or organizations? (check all that apply)

- 1) church/synagogue
- 2) health/fitness club
- 3) hobby clubs (e.g., card or stamp collecting, bingo, etc.)
- 4) community recreational programs
- 5) sports teams
- 6) clubs/groups
- 7) YMCA/YWCA
- 8) civic organizations / Describe
- 9) special interest groups / Describe
- 10) none/don't know
- 11) other / Describe

14. Are there any clubs or organizations you would like to belong to or participate in?

_____ 1) yes _____ 2) no

If yes, what clubs or organizations would you like to become involved with?

15. a. Does a family member or friend belong to or participate in any of the following clubs or organizations? (check all that apply)

- _____ 1) ARC
- _____ 2) American Red Cross
- _____ 3) Big Brothers/Big Sisters
- _____ 4) Chamber of Commerce
- _____ 5) church/synagogue
- _____ 6) Civitans
- _____ 7) community or neighborhood association
- _____ 8) Cooperative Extension Service
- _____ 9) Elks Club
- _____ 10) hobby clubs
- _____ 11) Jaycees
- _____ 12) Junior League
- _____ 13) Junior Women's Club
- _____ 14) Kiwanas
- _____ 15) Knights of Columbus
- _____ 16) Lions
- _____ 17) Masonic Temple
- _____ 18) Mocha Temple
- _____ 19) Moose Club
- _____ 20) recreation and park department
- _____ 21) Shriners
- _____ 22) sport team / Describe:
- _____ 23) special interest group / Describe:
- _____ 24) union (e.g., Teamsters, AFL-CIO)
- _____ 25) United Way
- _____ 26) volunteer work Describe:
- _____ 27) YMCA/YWCA
- _____ 28) none/don't know
- _____ other (Describe:

b. Are there any individuals who belong to the above clubs or organizations that you wouldn't mind us contacting?

Name	Relationship	Phone #	Organization

III. Potential Support Options/Support Needs

16. Who do you live with? (check all that apply)

- 1) no one
- 2) parents
- 3) girlfriend/boyfriend/spouse
- 4) brothers/sisters
- 5) relatives
- 6) friends
- 7) roommates
- 8) personal assistant
- 9) professionals/paid staff
- 10) residents
- other / Describe:

17. Who usually assists you when you need something or have a problem? (check all that apply)

- 1) parent/guardian
- 2) brothers/sisters
- 3) girlfriend/boyfriend/spouse
- 4) relatives
- 5) friends
- 6) community members
- 7) neighbors
- 8) rehabilitation counselor
- 9) case manager
- 10) no one
- 11) other / Describe

18. When you want to go somewhere, how do you usually get there? (check all that apply)

- 1) drive
- 2) friend or family member transports
- 3) walk
- 4) ride a bicycle
- 5) ride the bus
- 6) use a taxi
- 7) use specialized transportation
- other / Describe:

19. a) Do you receive Social Security benefits (e.g., SSI, SSDI)?

1) yes 2) no

b) If yes, is the potential loss of Social Security benefits due to future employment a concern?

1) yes 2) no

20. a) Are there any types of services or supports that you would like or are in need of and are not receiving?

1) yes 2) no

b) If yes, identify the type of assistance you would like.