Department of Workforce Development State of Wisconsin

Division of Vocational Rehabilitation

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.

Visits to the Consumer

(Home or alternative locations)

Provide information on routines, hobbies, family supports, activities, and other perspectives related to the consumer's residence.

| Date | Duration | Observations |
| --- | --- | --- |
|       |       |       |
|       |       |       |
|       |       |       |

Interviews with Individuals who know the consumer well

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 [ ]  NoIf 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 his/her 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

Participant 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 [ ]  NoPlease 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 |
| --- | --- | --- | --- |
|       |       |       |       |
|       |       |       |       |
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Vocational Classes, Internships, Special Trainings, etc.

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

List from most recent.

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

PART II: Discovery Profile

Participant and Family

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| 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

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| --- |
| 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

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| 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 |       |

Connections for Employment

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| Potential connectors in family, friends, neighbors, and/or work colleagues |
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| Potential connection sites in community relationships |
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| Potential connections through clubs, organizations, or groups (church/school) |
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| Continue exploration w/employers listed (Business/Contact) |
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PART III: Plan Preparation Summary

Conditions for Success

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| General conditions for participant      |
| General conditions for family (staff, as appropriate)      |
| Instructional strategies      |
| Supervisory strategies      |
| Conditions for task performance      |
| Supports needed for successful task performance      |
| Environmental conditions      |
| Conditions to be avoided      |

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      |
| **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.**