**IPS Career Profile**

For California BH-Connect Programs Only

Date: Click or tap here to enter text.

Name: Click or tap here to enter text.

Pronouns: Click or tap here to enter text.

Address: Click or tap here to enter text.

Email: Click or tap here to enter text.

Best way to contact: Click or tap here to enter text.

Case Manager/Therapist/other: Click or tap here to enter text.

Department of Rehabilitation Counselor: Click or tap here to enter text.

Other healthcare/social service providers: Click or tap here to enter text.

Family/friends/other support people: Click or tap here to enter text.

In the event we’re unable to contact you, are you ok with us contacting a family member or dropping by? Click or tap here to enter text.

Have ROI’s been signed for supporters? Click or tap here to enter text.

**Employment Goal**

What is your dream job? Click or tap here to enter text.

What kind of job have you always wanted to do? Click or tap here to enter text.

What kind of job would you like now? Click or tap here to enter text.

What are your strengths? Click or tap here to enter text.

What are your other preferences about working? Click or tap here to enter text.

By choosing to participate in Medi-Cal Supported Employment services, I acknowledge that I will be enrolled in the Medi-Cal Alternative Benefit Plan. Enrollment in this plan is fully voluntary. This plan includes the same set of covered Medi-Cal benefits and providers as my current plan, as well as Supported Employment services. I may choose to disenroll from the Alternative Benefit Plan and Supported Employment services at any time by notifying my Supported Employment provider. If I choose to disenroll from the Alternative Benefit Plan, I will return to my current Medi-Cal State Plan with no changes to my covered benefits, managed care plan, or providers.

Client Signature: Date:

Witness Signature: Date:

**Education**

Are you interested in going to school or attending vocational training now to advance your work career? Click or tap here to enter text.

Tell me about your education history: Click or tap here to enter text.

Tell me about any vocational training you have had: Click or tap here to enter text.

How do you learn best? (*By reading, listening, trying things out yourself? Did you have any accommodations in school? What subjects did you like best/least? Were you in any advanced classes? Were you recognized for anything special?)* Click or tap here to enter text.

Do you have copies of the degrees, licenses, certificates that you have earned? Click or tap here to enter text.

What training, such as certificates, licenses, or degrees, will support your work goal? Click or tap here to enter text.

Would you like to learn more about different occupations and what occupations are growing in our area? *(Share examples of career exploration including visiting businesses, informational interviewing, visiting training or educational programs…)* Click or tap here to enter text.

What other preferences do you have for additional education or job/vocational training? Click or tap here to enter text.

Would you like assistance learning about financial aid opportunities for education programs? Click or tap here to enter text.

**Work Experience**

Favorite job ☐N/A – Person has no work experience

Job title: Click or tap here to enter text.

Employer: Click or tap here to enter text.

Job duties: Click or tap here to enter text.

Start Date: Click or tap here to enter text.

End Date: Click or tap here to enter text.

How many hours per week: Click or tap here to enter text.

How did you find this job? Click or tap here to enter text.

What did you like about job? Click or tap here to enter text.

What did you dislike? Click or tap here to enter text.

What was your supervisor like? Your co-workers? Click or tap here to enter text.

Reason for leaving job? Click or tap here to enter text.

Who supported you, or what supports did you have for this job: Click or tap here to enter text.

Second favorite job ☐N/A – Or person has only had one job

Job title: Click or tap here to enter text.

Employer: Click or tap here to enter text.

Job duties: Click or tap here to enter text.

Start Date: Click or tap here to enter text.

End Date: Click or tap here to enter text.

How many hours per week: Click or tap here to enter text.

How did you find this job? Click or tap here to enter text.

What did you like about job? Click or tap here to enter text.

What did you dislike? Click or tap here to enter text.

What was your supervisor like? Your co-workers? Click or tap here to enter text.

Reason for leaving job? Click or tap here to enter text.

Who supported you, or what supports did you have for this job: Click or tap here to enter text.

Least favorite job ☐N/A – Or person has only had two jobs

Job title: Click or tap here to enter text.

Employer: Click or tap here to enter text.

Job duties: Click or tap here to enter text.

Start Date: Click or tap here to enter text.

End Date: Click or tap here to enter text.

How many hours per week: Click or tap here to enter text.

How did you find this job? Click or tap here to enter text.

What did you like about job? Click or tap here to enter text.

What did you dislike? Click or tap here to enter text.

What was your supervisor like? Your co-workers? Click or tap here to enter text.

Reason for leaving job? Click or tap here to enter text.

Who supported you, or what supports did you have for this job: Click or tap here to enter text.

Another job you did not like ☐N/A – Or person has only had three jobs

Job title: Click or tap here to enter text.

Employer: Click or tap here to enter text.

Job duties: Click or tap here to enter text.

Start Date: Click or tap here to enter text.

End Date: Click or tap here to enter text.

How many hours per week: Click or tap here to enter text.

How did you find this job? Click or tap here to enter text.

What did you like about job? Click or tap here to enter text.

What did you dislike? Click or tap here to enter text.

What was your supervisor like? Your co-workers? Click or tap here to enter text.

Reason for leaving job? Click or tap here to enter text.

Who supported you, or what supports did you have for this job: Click or tap here to enter text.

**Military Experience**

☐ check here if there is no military experience

Branch: Click or tap here to enter text.

Dates: Click or tap here to enter text.

Training or work experience: Click or tap here to enter text.

Certificate or license: Click or tap here to enter text.

**Cultural Background**

*Use the following script to introduce the next set of questions to the person: “Your cultural background and story are important to help learn who you are and how employment/education fits into your life.”*

Describe what you think about when asked about your cultural background: Click or tap here to enter text.

How do you identify yourself (*race ethnicity, gender, color, economic status*)? Click or tap here to enter text.

What is important to you in terms of your background and culture? (*i.e., race, ethnicity, color, gender, economic status, etc.*) Click or tap here to enter text.

Are there any cultural norms that would assist you feeling comfortable at work/school? Click or tap here to enter text.

Which languages do you speak? Which language do you prefer? Click or tap here to enter text.

What special events or holidays do you celebrate? Are there family traditions that you still practice? Click or tap here to enter text.

Do you have preferences regarding the culture, gender, or background of your supervisor/teacher? Click or tap here to enter text.

Have you ever felt discriminated against regarding a job or at school? Could you tell me about that? Click or tap here to enter text.

**Health**

Please tell me about your mental health. Click or tap here to enter text.

What helps you manage symptoms? Click or tap here to enter text..

How does your physical health impact you? Click or tap here to enter text.

Some employers use drug screens while hiring, is this a concern for you? Click or tap here to enter text.

What would help you manage substance use so that you can be productive and safe at work or school? ☐ No concern Click or tap here to enter text.

How do you remember appointments? Click or tap here to enter text.

How would you rate your ability to concentrate? Click or tap here to enter text.

If either of the above are problems, what helped with these issues in the past? Click or tap here to enter text.

**Social Strengths**

What are your social strengths? *(How do you work with others on a job? What are your preferences for a social environment? Describe the personality of a supervisor/teacher whom you would enjoy. What helps you to have positive interactions with others?)* Click or tap here to enter text.

Who are your family/supporters and how do they feel about you going to work? Who would you call first if you got offered a job tomorrow? Click or tap here to enter text.

If I meet your family members/supporters, what should I know about their culture? Click or tap here to enter text.

Where do you live now? (*Alone, with family, supported housing?*) Click or tap here to enter text.

**Benefits**

Do you receive any of the following benefits? ☐ No benefits

☐ SSI ☐ SSDI ☐ Housing Subsidy ☐ SNAP ☐ TANF ☐ Retirement from previous job

☐ VA benefits (combat related? ☐ Yes) ☐ Spouse or dependent child receives benefits ☐ Medicaid

☐ Medicare ☐ Other benefits: Click or tap here to enter text. ☐ Unsure which benefits received

Do you know how work will affect your benefits? Do you know about work incentives? Click or tap here to enter text.

☐ Referral made to benefits planner. When: Click or tap here to enter text.

If no referral, why not: Click or tap here to enter text.

Would it help if I came to the appointment with you? Click or tap here to enter text.

Would it help if I helped you request your benefits verification (TTQY) from Social Security Administration to move this process faster? Click or tap here to enter text.

**Preference for Sharing Personal Information at Work**

*Please explain that each person using IPS services can decide whether or not their specialist will contact employers or education programs on their behalf and that they can change their mind at any time. Give examples of how their information may be shared at the beginning of this discussion.*

What could be some of the advantages of having an IPS specialist contact employers or education programs on your behalf? Click or tap here to enter text.

What could be some of the disadvantages? Click or tap here to enter text.

If you decided to share information with an employer or education program, what would you want to share and what would you want to keep private? (*Information about where the IPS specialist works, information about mental health, legal history, other disabilities, other information…?*) Click or tap here to enter text.

Your preferences for disclosure (*when, who, under what conditions…*): Click or tap here to enter text.

**Planning for Pre-employment Screening Process**

Do you have any concerns about a pre-employment screening (*legal history, substance use test, suspended license…*)? Click or tap here to enter text.

Do you have any restrictions regarding where you can work or go to school? When you are available? Click or tap here to enter text.

|  |
| --- |
| Would you like help to learn what is on your legal record? Click or tap here to enter text. Do you have any pending legal charges? Click or tap here to enter text. Would it help if I let your probation officer know that we are looking for a job/school? Click or tap here to enter text. |

**Your Daily Routines**

What is your daily routine? (*Include the person’s sleep hours, self care, responsibilities, etc.*) Click or tap here to enter text.

What would be a perfect day for you—including work/school? Click or tap here to enter text.

What time of day do you feel your best? Click or tap here to enter text.

Are there places in your neighborhood that you like to go to? Click or tap here to enter text.

Do you belong to clubs, groups, a church, etc.? Click or tap here to enter text.

What hobbies or interests do you have? Click or tap here to enter text.

Job Seeker Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff signature

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