

The Arc Mid-South

FOR OFFICE USE ONLY:

VR

L.E.T.S

Career Development and Job Placement

Client Application and Assessment

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Male/Female _____

Client ID _____

Phone _____ Cell _____

Welcome to The Arc Mid-South's Career Development and Job Placement program.

The following application and assessment has been created so that our staff may be able to best serve the needs of our clients. Each question serves a purpose and needs to be answered. Please take the time to answer all questions accurately and completely. Return the application and assessment as soon as it is completed. If you have any questions please do not hesitate to ask one staff members.

Client Signature

Name of person filling out form (other than client)

Relationship

Date

Circle of Support

Circle of Support are those people around you who are supportive of you. Parents, siblings, relatives, friends, neighbors and pastors are some examples. Who is in your Circle of Support?

Name _____ **Relationship** _____

Address _____

Phone _____

Place of Employment _____

Name _____ **Relationship** _____

Address _____

Phone _____

Place of Employment _____

Name _____ **Relationship** _____

Address _____

Phone _____

Place of Employment _____

Name _____ **Relationship** _____

Address _____

Phone _____

Place of Employment _____

The Arc Mid-South

3485 Poplar Avenue, Suite 210, Memphis, TN 38111
(901) 327-2473 Fax: (901) 327-1197

AUTHORIZATION TO RELEASE INFORMATION

Pursuant to federal guidelines concerning my right to confidentially, I,

(Service Recipient or Conservator Name) (Service Recipient Social Security Number)

authorize **The Arc Mid South** to release to, or obtain information from:

(Medical Facility Name and Address)

the following specific information: (check all that apply)

- Medical History and Physical (Including but not limited to Neurology, Vision, OBGYN, Hearing, Cholesterol, Blood work, Dental, TD Screen)
- Medical Progress Notes, Immunization Records
- ISP (Individual Support Plan), IEP (Individual Education Plan)
- Social History
- Psychological/Psychiatric Evaluation
- Name and/or Picture
- Incident Management
- Medication Management
- Other _____

For the purpose of:

- Developing a diagnosis, treatment and habilitation plan for me
- Public relation articles pertaining to facility activities I have participated in
- Other _____

Form in which information will be released:

- Document
- Picture
- Verbal Communication
- Other

I understand my right to revoke authorization at any time in writing by submitting this to The Arc Mid South L.E.T.S Department. However, I also understand that any release which has been made prior to my revocation shall not constitute a breach of my right to confidentiality. This consent to release information shall expire one year from the date of the signature below. At that time, no expressed revocation shall be needed to terminate my consent. I understand all information interchanged by the above stated parties will be considered confidential and will be make available only to authorized parties.

Participant

Date

Agency Representative

Drug-Free Workplace Policy

The unlawful manufacture, distribution, dispersion, possession or use of a controlled substance is prohibited on or in any property owned by or while acting as an employee, trainee or volunteer with this agency.

Violation above is considered a major offense and as such may be cause of immediate termination without notice.

In an effort to maintain a drug-free workplace, The Arc Mid-South will provide information to all training participants and staff regarding the dangers of substance abuse. Training participants and staff are encouraged to discuss this with their supervisor or other designee. Such requests will be held in strict confidence. Requests for information or counseling will in no way jeopardize an employee's or participant's position with the agency. However, failure to follow recommendations may lead to disciplinary action.

I certify that I have read and been given a copy above information. I understand that as a condition of my employment or enrollment in training I agree to abide by the terms of this statement. I further agree to notify The Arc Mid-South of any criminal drug statue conviction no later than five days after such conviction. I also certify that this form has been reviewed with me and all questions have been answered.

Training Participant

Date

Agency Representative/Title

Date

Who do you live with? (Names and Relationships)

Who usually assists you when you have a problem or need something?

Parents Relatives Friends
 Counselor Professional No One
 Other _____

How supportive is your family if you were working?

Very Supportive Indifferent Negative
Comments _____

Do you receive SSI or SSDI? Yes No Amount \$ _____

If yes, is the potential loss of benefits due to employment a concern? Yes No

Comments _____

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

Explain _____

What is your means of transportation?

MATA plus MATA Family/Friend
 Self (walk, bike, car)
Comments _____

What are your travel skills?

- Requires MATA training Uses Mata independently/no transfer
 Uses MATA independently/Makes transfer
 Requires MATA plus training Able to make own MATA plus arrangements

Comments _____

Where might you like to work? (Check all that apply)

- Restaurant Grocery Store Retail Store
 Office Hotel Hospital/Healthcare
 Factory Don't Know

Other _____

What type of job might you like to have? (Check all that apply)

- Food Server Food Prep Janitorial
 Housekeeping Laborer Assembler
 Stocker Laundry Worker Machine Operator
 Bagger Clerical/Office Worker
 Dishwasher/Kitchen Utility Worker Groundskeeper/Landscaper
 Don't Know

Other _____

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

- Hours Work Environment Location
 Benefits None

Other _____

Have you ever been employed in a paid job before? _____ Yes _____ No

If yes, where did you work? _____

When did you work? _____

What did you do? _____

Why did you leave? _____

Who was your supervisor? _____

What is your highest level of education?

_____ High School _____ High School Diploma _____ Other

Name of school & year graduated _____

Have you participated in any other work experiences? (Volunteer, Vocational Training, Etc.)

_____ Yes _____ No

If yes, what did you do? _____

Who can we contact to verify? _____

Check all that you have performed

- | | | |
|---|--|--|
| <input type="checkbox"/> Bus Tables | <input type="checkbox"/> Sweeping | <input type="checkbox"/> Dish Machine |
| <input type="checkbox"/> Food Prep | <input type="checkbox"/> Assembly | <input type="checkbox"/> Mopping (Indust.) |
| <input type="checkbox"/> Buffing | <input type="checkbox"/> Dusting | <input type="checkbox"/> Stocking |
| <input type="checkbox"/> Vacuuming | <input type="checkbox"/> Restroom Cleaning | <input type="checkbox"/> Washing Equipment |
| <input type="checkbox"/> Food Line Supply | <input type="checkbox"/> Trash Disposal | <input type="checkbox"/> Food Serving |
| <input type="checkbox"/> Typing | <input type="checkbox"/> Filing | <input type="checkbox"/> Paper Shredding |
| <input type="checkbox"/> Copying | <input type="checkbox"/> Computer Work | |

Other _____

Availability (Check Yes or No for each item)

Will work weekends Yes No

Will work evenings Yes No

Will work part-time Yes No

How many hours a week? _____

Will work full-time Yes No

How many hours a week? _____

Comments _____

Functional Reading Skills

None Slight words/symbols Simple reading

Comments _____

Functional Math Skills

None Simple addition/subtraction Simple counting

Comments _____

Time Awareness

- Unaware of time and clock function Can tell time to the hour
- Identifies breaks and lunch Can tell time in hours & minutes

Comments _____

Communication

- Uses sounds/gestures Communicates clearly to friends and family
- Speaks unclearly Communicated clearly to strangers

Comments _____

Social Interaction

- Rarely interacts socially Initiates social interactions
- Social with strangers Social with friends and family

Comments _____

Unusual Behavior

- No unusual behavior Unusual behavior

Describe _____

Handling Criticism/Stress

- Resistive/argumentative Accepts criticism/does not change behavior
- Withdraws into silence Accepts criticism/does changes behavior

Comments _____

Acts/Speaks Aggressively

- Often Occasionally Seldom Never

Comments _____

Adapting to Change

_____ Adapts to change _____ Adapts to change with great difficulty
_____ Rigid routine required _____ Adapts to change with some difficulty

Comments _____

Initiative/Motivation

_____ Always seeks work _____ Sometimes volunteers
_____ Waits for directions _____ Avoids next task

Comments _____

Independent Sequencing of Job Duties

_____ Cannot perform tasks in sequence _____ Performs 4-6 tasks in sequence
_____ Performs 2-3 tasks in sequence _____ Performs 7 or more tasks in sequence

Comments _____

Attention to Task

_____ Frequent prompts required _____ Intermittent prompts required
_____ High supervision required _____ Low supervision required

Comments _____

Independent Work Rate (No prompts)

_____ Slow pace _____ Steady/average pace _____ Continual fast pace

Comments _____

Able to Work without Breaks

_____ Less than 2 hours _____ 2-3 hours _____ 3-4 hours _____ More than 4 hours

Comments _____

Strength – Lifting and Carrying

_____ Less than 10 lbs _____ 10-20 lbs _____ 30-40 lbs _____ More than 50 lbs

Comments _____

Physical Mobility

_____ Limited mobility _____ Full physical mobility

Comments _____

Comments, Questions, Suggestions:

Interests

What do you do during your free time?

- | | | |
|--|---|--|
| <input type="checkbox"/> Watch TV | <input type="checkbox"/> Sleep | <input type="checkbox"/> Listen to music |
| <input type="checkbox"/> Read | <input type="checkbox"/> Visit people | <input type="checkbox"/> Shop |
| <input type="checkbox"/> Go to the movies | <input type="checkbox"/> Play board games | <input type="checkbox"/> Play sports |
| <input type="checkbox"/> Talk on the phone | <input type="checkbox"/> Arts and crafts | <input type="checkbox"/> Hobbies |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Exercise | <input type="checkbox"/> Nothing |

Other _____

Are there things you would like to be doing in your free time? Yes No

If yes, please list _____

Who do you usually spend your free time with?

- | | | |
|------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Friends | <input type="checkbox"/> Parents | <input type="checkbox"/> Brothers/Sisters |
| <input type="checkbox"/> Relatives | <input type="checkbox"/> Neighbors | <input type="checkbox"/> No One |

Other _____

Do you participate in any clubs or organizations?

Please list _____

Medical Information

Name _____ Date _____

Name of Physician/Clinic _____

Address _____

Phone Number _____ Date of Last Physical _____

Are you covered by Medical/Health Insurance? _____ Yes _____ No

If yes, provide company and policy number _____

Primary Diagnosis _____

Describe disabilities _____

Describe chronic or recurring illness _____

Please list all medications you are taking _____

Please list all allergies (Medication and Others) _____

Are you prone to seizures? _____ Yes _____ No

If yes, you MUST fill in the following information

Pre-seizure behavior _____

Expected seizure behavior _____

Post-seizure behavior _____

Emergency Contacts

Name _____

Relationship _____

Daytime Phone _____

Cell _____

Name _____

Relationship _____

Daytime Phone _____

Cell _____

Name _____

Relationship _____

Daytime Phone _____

Cell _____

Handbook

Attendance

Schedule your transportation so that you are at class by 8:00 and picked up no earlier than 12:00pm

You must call (901) 327-2473 if you will not be at class

Missing 1 week of classes without informing staff, will cause you to be dropped from the program

Dress Code

Casual attire is to be worn

Good personal hygiene is expected of all clients

Not allowed:

Halter/Muscle Tops Leotards/Exercise Shorts Hats/Sunglasses

Cell Phones/Beepers Backpacks/Luggage Headphones

Shorts/skirts above the knee

Breaks

One 15 minute break is provided

You may bring a small snack

Conduct & Behavior

You will be expected to practice self-control

Being disrespectful, fighting, yelling and not participating in class are all behaviors that will cause you to be dropped from the program

Name

Date