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 _______________________________________________________
## 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:

<table>
<thead>
<tr>
<th>(Medical Facility Name and Address)</th>
</tr>
</thead>
<tbody>
<tr>
<td>the following specific information: (check all that apply)</td>
</tr>
<tr>
<td>o Medical History and Physical (Including but not limited to Neurology, Vision, OBGYN, Hearing, Cholesterol, Blood work, Dental, TD Screen)</td>
</tr>
<tr>
<td>o Medical Progress Notes, Immunization Records</td>
</tr>
<tr>
<td>o ISP (Individual Support Plan), IEP (Individual Education Plan)</td>
</tr>
<tr>
<td>o Social History</td>
</tr>
<tr>
<td>o Psychological/Psychiatric Evaluation</td>
</tr>
<tr>
<td>o Name and/or Picture</td>
</tr>
<tr>
<td>o Incident Management</td>
</tr>
<tr>
<td>o Medication Management</td>
</tr>
<tr>
<td>o Other ____________________</td>
</tr>
</tbody>
</table>

For the purpose of:

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

Form in which information will be released:

| o Document |
| o Picture |
| o Verbal Communication |
| o 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 made available only to authorized parties.

<table>
<thead>
<tr>
<th>Participant</th>
<th>Date</th>
</tr>
</thead>
</table>

| Agency Representative | 

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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 of you 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

- [ ] Bus Tables
- [ ] Sweeping
- [ ] Dish Machine
- [ ] Food Prep
- [ ] Assembly
- [ ] Mopping (Indust.)
- [ ] Buffing
- [ ] Dusting
- [ ] Stocking
- [ ] Vacuuming
- [ ] Restroom Cleaning
- [ ] Washing Equipment
- [ ] Food Line Supply
- [ ] Trash Disposal
- [ ] Food Serving
- [ ] Typing
- [ ] Filing
- [ ] Paper Shredding
- [ ] Copying
- [ ] 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: 

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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?

_____ Watch TV          _____ Sleep          _____ Listen to music
_____ Read              _____ Visit people    _____ Shop
_____ Go to the movies  _____ Play board games _____ Play sports
_____ Talk on the phone  _____ Arts and crafts _____ Hobbies
_____ Dancing           _____ Exercise       _____ 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?

_____ Friends          _____ Parents          _____ Brothers/Sisters
_____ Relatives        _____ Neighbors        _____ 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