

Employment Analysis

Section I: Current Status/Information

*The person referring an individual for services through Iowa Vocational Rehabilitation Services should complete **Section I** and submit it to the IVRS Counselor.*

*If this form is used for referral to other organizations, the person making the referral should complete **Section I** and submit it to the most appropriate entity.*

*Additional information for **Section II and Section III** should be provided if available, otherwise these sections are completed during a team meeting/ dialogue.*

***Section IV** is completed when Supported Employment Services are requested*

Name of Job Candidate: _____ Date: _____

Address: _____ City: _____ Phone: _____

Date of Birth: _____ Medical Number: _____

Contact Person: _____ Referral Source: _____

Address: _____ City: _____ Phone: _____

What is motivating this person to be interested in community employment?

1. Describe the person's work-related activities:

Current Work Status	Hours per Week
Volunteer	
Workshop	
Community Job	
School Work Experience	
Other	

2. Can this job candidate work 20 hours or more a week?

- Yes
- No
- Unsure

3. If not, how many hours a week can they work and what prevents them from working more hours?

4. Does the person want a different job?

- Yes
- No

(If Yes, what type of job do they want?)

5. Is there a Case Manager/Social Worker?

- Yes
- No

Name/Phone _____

6. Does the Case Manager/Social Worker feel that there is a need for supported employment services?

- Yes
- No

7. Is there a guardian?

- Yes
- No

Name/Phone: _____

8. Is the guardian supportive of a community placement and understands the impact it will have on Social Security Benefits?

9. List any known skills, interests, abilities and conditions for employment (non-negotiables such as transportation, hours/days, wage, and environments). If unknown, consider Discovery services and complete II. (Discovery Plan)

10. Additional comments: _____

SIGNATURE OF GUARDIAN: _____

Date: _____

SIGNATURE OF JOB CANDIDATE: _____

Date: _____

SUBMITTED TO: _____

Date: _____

(This section is to be completed by the interdisciplinary team that determines the next appropriate step)

Decision(s)	Action(s)/Date	Party Responsible