

Individual Supports Assessment Form

Date: _____ Provider ID: _____

Customer Name: _____ SS#: _____

Employment Specialist: _____ ID Code: _____

Street: _____ Initial: _____

City/State/Zip: _____ On-Going: _____

Please answer each question regarding the customer's current goals, preferences, and experiences. Information needed to respond to each question should be obtained from the customer during a face-to-face interview prior to employment or while working if a change in employment is desired.

I. Vocational Goals and Experience

1. **What are your career and life goals?** (Describe the job or position you would like to have and any other goals you would like to pursue, e.g., school, independent living, etc.)

2. **Where might you like to work?** (check all that apply)

- _____ 1) restaurant
- _____ 2) grocery store
- _____ 3) retail store
- _____ 4) hospital/nursing home
- _____ 5) office building
- _____ 6) hotel/motel
- _____ 7) university/school
- _____ 8) day care facility
- _____ 9) factory
- _____ 10) service provider/agency (e.g., church, park)
- _____ 11) don't know
- _____ 99) other (Describe: _____)

3. a. What type of job might you like to have? (check all that apply)

- 1) dishwasher/kitchen utility worker
- 2) food prep person
- 3) food server
- 4) bus person/lobby attendant
- 5) janitor/housekeeper
- 6) laborer
- 7) assembler
- 8) laundry worker
- 9) stock clerk/bagger/warehouse worker
- 10) machine operator
- 11) clerical/office worker
- 12) groundskeeper/landscaper
- 13) human service worker
- 14) don't know
- 99) other (Describe: _____)

b. Is there anyone you know who works in the places or in a position that you might like to have that you wouldn't mind us contacting?

Name	Relationship	Phone #	Employment

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

- 1) hours
- 2) benefits (e.g., paid vacations, sick leave, employee discount)
- 3) health insurance
- 4) wages
- 5) location of business
- 6) co-workers
- 7) work environment
- 8) nothing/don't know
- 99) other (Describe: _____)

5. Have you ever been employed in a paid job before?

- 1) yes
- 2) no

If yes, a) where did you work? 1) _____

2) _____

3) _____

b) what was your job title?

1) _____

2) _____

3) _____

6. Have you participated in any other work experiences (e.g., volunteer work, vocational training, etc.)?

_____ 1) yes

_____ 2) no

If yes, describe the work that you did. _____

7. Who might you like to assist you in finding a job? (check all that apply)

_____ 1) parents

_____ 2) brother/sister

_____ 3) relatives

_____ 4) girlfriend/boyfriend/spouse

_____ 5) friends

_____ 6) community member (Describe: _____)

_____ 7) professional (Describe: _____)

_____ 8) no one/don't know

_____ 99) other (Describe: _____)

8. In what ways would you be willing to help with finding a job? (check all that apply)

_____ 1) identifying job leads

_____ 2) looking at the newspaper

_____ 3) contacting employers

_____ 4) picking up job applications

_____ 5) developing a resume

_____ 6) none/don't know

_____ 99) other (Describe: _____)

9. What means of transportation would you be willing to use in order to go to and from work? (check all that apply)

_____ 1) drive self

_____ 2) friend or family member transport

_____ 3) walk

_____ 4) ride a bicycle

_____ 5) ride the bus

_____ 6) use a taxi

_____ 7) carpool

- _____ 8) ride with co-workers
- _____ 9) use specialized transportation
- _____ 10) none/don't know
- _____ 99) other (Describe: _____)

II. Interests

10. What do you do during your free time?

- _____ 1) watch television
- _____ 2) shop/go to the mall
- _____ 3) participate in organized recreational or sporting activities
- _____ 4) go to sporting events
- _____ 5) go bowling
- _____ 6) roller skate/ice skate
- _____ 7) read books or magazines
- _____ 8) go to movies
- _____ 9) listen to music
- _____ 10) go to concerts
- _____ 11) hang out with friends
- _____ 12) go dancing
- _____ 13) talk on the telephone
- _____ 14) hobbies
- _____ 15) arts and crafts
- _____ 16) nothing
- _____ 99) other (Describe: _____)

11. Are there other things you would like to do during your free time?

- _____ 1) yes _____ 2) no

If yes, what kinds of things would you like to do? (check all that apply)

- _____ 1) watch television
- _____ 2) shop/go to the mall
- _____ 3) participate in organized recreational or sporting activities
- _____ 4) go to sporting events
- _____ 5) go bowling
- _____ 6) roller skate/ice skate
- _____ 7) read books or magazines
- _____ 8) go to movies
- _____ 9) listen to music
- _____ 10) go to concerts
- _____ 11) hang out with friends

- _____ 12) go dancing
- _____ 13) talk on the telephone
- _____ 14) hobbies
- _____ 15) arts and crafts
- _____ 99) other (Describe: _____)

12. Who do you usually spend your free time with? (check all that apply)

- _____ 1) friends
- _____ 2) girlfriend/boyfriend/spouse
- _____ 3) parents
- _____ 4) brothers/sisters
- _____ 5) relatives
- _____ 6) neighbors
- _____ 7) peers (e.g., students, workshop participants)
- _____ 8) general public
- _____ 9) no one
- _____ 99) other (Describe: _____)

13. Do you participate in any clubs or organizations? (check all that apply)

- _____ 1) 4-H clubs
- _____ 2) church/synagogue
- _____ 3) health/fitness club
- _____ 4) hobby clubs (e.g., card or stamp collecting, bingo, etc.)
- _____ 5) community recreational programs
- _____ 6) sports teams
- _____ 7) school clubs/groups
- _____ 8) YMCA/YWCA
- _____ 9) civic organizations (Describe: _____)
- _____ 10) special interest groups (Describe: _____)
- _____ 11) none/don't know
- _____ 99) other (Describe: _____)

14. Are there any clubs or organizations you would like to belong to or participate in?

- _____ 1) yes
- _____ 2) no

If yes, what clubs or organizations would you like to become involved with?

- _____ 1) 4-H clubs
- _____ 2) church/synagogue
- _____ 3) health/fitness club
- _____ 4) hobby clubs (e.g., card or stamp collecting, bingo, etc.)
- _____ 5) community recreational programs
- _____ 6) sports teams
- _____ 7) school clubs/groups
- _____ 8) YMCA/YWCA
- _____ 9) civic organizations (Describe: _____)

- _____ 10) special interest groups (Describe: _____)
 _____ 99) other (Describe: _____)

15. a. Does a family member or friend belong to or participate in any of the following clubs or organizations? (check all that apply)

- _____ 1) American Association of Retired Citizens
 _____ 2) American Red Cross
 _____ 3) Big Brothers/Big Sisters
 _____ 4) Chamber of Commerce
 _____ 5) church/synagogue
 _____ 6) Civitans
 _____ 7) community or neighborhood association
 _____ 8) Cooperative Extension Service
 _____ 9) Elks Club
 _____ 10) hobby clubs
 _____ 11) Jaycees
 _____ 12) Junior League
 _____ 13) Junior Women's Club
 _____ 14) Kiwanas
 _____ 15) Knights of Columbus
 _____ 16) Lions
 _____ 17) Masonic Temple
 _____ 18) Mocha Temple
 _____ 19) Moose Club
 _____ 20) recreation and park department
 _____ 21) Shriners
 _____ 22) sport team (Describe: _____)
 _____ 23) special interest group (Describe: _____)
 _____ 24) union (e.g., Teamsters, AFL-CIO)
 _____ 25) United Way
 _____ 26) volunteer work (Describe: _____)
 _____ 27) YMCA/YWCA
 _____ 28) none/don't know
 _____ 99) other (Describe: _____)

b. Are there any individuals who belong to the above clubs or organizations that you wouldn't mind us contacting?

Name	Relationship	Phone #	Organization

III. Potential Support Options/Support Needs

16. Who do you live with? (check all that apply)

- 1) no one
- 2) parents
- 3) girlfriend/boyfriend/spouse
- 4) brothers/sisters
- 5) relatives
- 6) friends
- 7) roommates
- 8) personal assistant
- 9) professionals/paid staff
- 10) residents
- 99) other (Describe: _____)

17. Who usually assists you when you need something or have a problem? (check all that apply)

- 1) parent/guardian
- 2) brothers/sisters
- 3) girlfriend/boyfriend/spouse
- 4) relatives
- 5) friends
- 6) community members
- 7) neighbors
- 8) teacher
- 9) rehabilitation counselor
- 10) case manager
- 11) no one
- 99) other (Describe: _____)

18. When you want to go somewhere, how do you usually get there? (check all that apply)

- 1) drive
- 2) friend or family member transports
- 3) walk
- 4) ride a bicycle
- 5) ride the bus
- 6) use a taxi
- 7) use specialized transportation
- 99) other (Describe: _____)

19. a) Do you receive Social Security benefits (e.g., SSI, SSDI)? _____ 1) yes _____ 2) no
- b) If yes, is the potential loss of Social Security benefits due to future employment a concern? _____ 1) yes _____ 2) no
20. a) Are there any types of services or supports that you would like or are in need of and are not receiving? _____ 1) yes _____ 2) no
- b) If yes, identify the type of assistance you would like.