

INDIVIDUAL PLAN FOR EMPLOYMENT

Name: _____ Phone: _____ Date: _____

SS #: _____ Address: _____

Vocational Counselor: _____ Phone #: _____

SSDI () SSI () TA () none ()

Sec. 8/Shelter Plus () Food Stamps ()

Pantry () Medicaid () Medicare ()

Supported Ed. () Supported Employment ()

Other () _____

1. WORK GOAL OR JOB:

Job Title (s) : _____

Estimated Start Date: _____

Salary Objective: _____ hr or week

Days Preferred: Mon. Tue. Wed. Thur. Fri. Sat. Sun.

Hours Preferred: _____

Total Hours: _____

Location Preferred: _____

2. Job duties for this job usually include: _____

3. a Disclosure Decision _____

b I require the following job accommodations: (Days off, work environment, etc)

_____ none ()

4. TRANSPORTATION:

Public () ½ Fare Card () Drive () Other _____

5. EDUCATION:

Last grade of school completed : _____

Course of Study/Major: _____

Other Courses/Seminars: _____

***Refer to DOL's Enhanced Occupational Outlook Handbook**

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6. JOB SKILLS:

7. RECENT WORK HISTORY:

Dates	Title	Company	Job Duties	Salary	Reason for Leaving

8. What Work Skills Are You Good At? (Whether You Would Like To Do Them Again Or Not)

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9a) Of All Your Jobs, Which Job/Duties Did You Like The Best?

b) And Which Job/Duties Did You Like the Least?

-

10. Have any of the following issues affected your job performance? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Endurance | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Grooming | <input type="checkbox"/> Excessive Absences/Lateness |
| <input type="checkbox"/> Interpersonal Issues | <input type="checkbox"/> Concentration/Memory |
| <input type="checkbox"/> Anger Management | <input type="checkbox"/> Time Management/Productivity |
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Disclosure |
| <input type="checkbox"/> Work Quality | <input type="checkbox"/> Other |

11. What steps do you need to take to achieve your job goal? When would this begin?

- Vocational Assessment/Counseling _____ Mo./Yr. _____
- Volunteer/Internship: _____ Mo./Yr. _____
- Skills/Training: _____ Mo./Yr. _____
- College Prep _____
- Formal Education: _____ Mo./Yr. _____
- Benefits Counseling: _____ Mo./Yr. _____
- Other _____ Mo./Yr. _____

specify

12. Which social services do you require to help you achieve your job goal? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Disability Income (SSI/SSDI/TA) | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Medication |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Food | <input type="checkbox"/> Debt (amount owed: _____ and to whom _____) |

Clothing

Legal

Supported Education

Job Coach

Other _____

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13. What are your concerns about insuring your success in your next job?

(Check all that apply)

Symptoms, (Describe): _____

Stress Level, (Explain):

Hours/Wk Required, Maximum:

Accommodations, (Describe):

Endurance: _____

Work Skills, (Describe):

Salary Expected:

Interpersonal Skills:

Disclosure Decision:

Gov't program earnings penalties: SSI/HUD,etc:

_____ \\| _____

14. What Do You Plan To Do With The Money You Earn? (Better Housing, Car, Vacation, Education, Pay Off Debts, Save, Etc)

15. Have You Shared Your Job Goals With Your:

Family

Doctor

Friends

Therapist

Room Mates

Case Worker

Housing Counselor

Other(s):

16. Employment Aides

a Do you have a current resume? ()

b Reference Letters ()

c An unassigned Ticket To Work () or assigned to _____ (Append)

d VESID counselor ()

i Internet ()

e One Stop Center ()

j Library ()

f Fax ()

k Network (Church, Family, Friends, Clubs, etc.) ()

g Telephone ()

l Other (specify) _____

h Yellow Pages ()

BENEFITS REPLACEMENT WORKSHEET:

	<u>Currently</u>	<u>Projected</u>	<u>Government Program Restrictions</u>
	<u>Receive</u>		

SSI	\$ _____	\$ _____	Can keep \$85/mo. (single adults) & ½ of Anything over, up to \$1,410/mo.
SSDI	\$ _____	\$ _____	Can earn up to \$830/mo.
Personal Needs Allowance	\$ _____	\$ _____	Can earn up to \$520/mo.
Medicaid Spend Down	\$ _____	\$ _____	\$1 for \$1 spend down over \$659/mo. Apply for Medicaid Buy In if working
Medicaid	\$ _____	\$ _____	
Medicare	\$ _____	\$ _____	
Section 8/Shelter Plus	\$ _____	\$ _____	30% of every dollar earned (gross).
Food Stamps	\$ _____	\$ _____	\$10/mo. from \$839 to \$939. Capped at \$1,009 adjusted gross income.
½ Bus/Train	\$ _____	\$ _____	None
Other _____	\$ _____	\$ _____	
Specify			
TOTALS	\$ _____	\$ _____	

SSI WORK INCENTIVES:

A PASS Plan can be used by SSI recipients to shelter earned income penalties to buy a computer, car and other essentials. SSI and SSDI recipients can also utilize impairment-related expenses; “reasonable” costs of some items and services a person needs to work are deducted from their gross earnings a doctor’s note is required. Examples include; disability related medical expenses, medications, attendant care in the work

setting, taxis or mileage. The Ticket-to-Work protects against medical disability for five years. (Must work 3 mos. in year 3 and 6 months in years 4 and 5 to maintain.

ATTACHMENTS:

Psychosocial Evaluation & Supports (Dr. Smith)

Membership Application

Computer Skills Assessment (Carolyn McCall)

Resume

Ticket-To-Work Assigned to Center

TTW Student/Center Agreement and IEP

Other:_____

DISTRIBUTION:

Maximus Ticket-To-Work
PO Box 25105
Alexandria, VA 22313
(703) 236-6600

VESID
75 So. Broadway
White Plains, NY 19695
(914) 946-1313

Center for Career Freedom
 Dr. Smith
 Carolyn McCall
 Donald Fitch

Doctor _____

Case worker _____

Therapist _____

Housing Counselor _____

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