

Foundational Community Supports: Supported Employment Assessment

 Initial assessment

 Reauthorization

**Indicates a required field.*

*Date:	*Name:	*ProviderOne ID:	*DOB:
Address (not required if homeless):		*City, State ZIP:	
Phone number:		Email:	
Member of a federally recognized American Indian/Alaska Native tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, specify which tribe:</i>		Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		*Provider agency name:	

Part A: Complex needs eligibility requirements

Information in this section is necessary in order to determine eligibility for supported employment services.

***Health need (must select at least one)**

The client meets one of the following criteria (as determined by a licensed behavioral health agency):

- Enrolled in the state Housing and Essential Needs (HEN), or Aged, Blind or Disabled (ABD) Program. *(Please provide the reward letter.)*
- Diagnosed with a mental illness resulting in the need for improvement, stabilization or prevention of deterioration of functioning resulting from the presence of a mental illness
- Diagnosed with a substance use disorder, as determined by meeting a one or higher level on the American Society of Addiction Medicine Criteria
- Needs assistance with three or more activities of daily living (ADL) or one or more hands-on ADL (as determined by a *Comprehensive Assessment and Resource Evaluation (CARE) Assessment*)

***Risk factors to be approved by a qualified licensed professional (must select at least one):**

Document any conditions and diagnoses that contribute to one or more of the following risk factors.

- At risk for deterioration of mental illness and/or substance use disorder, including one or more of the following:** *persistent or chronic risk factors, such as social isolation due to a lack of family or social supports; poverty; criminal justice involvement; homelessness; care for mental illness and/or substance use disorder requiring multiple provider types, including behavioral health, primary care, long-term services and supports; or a past psychiatric history with no significant functional improvement that can be maintained without treatment and supports*
- Dysfunction in role performance:** *frequently disruptive or struggling in work or school/training settings resulting in termination or suspension/expulsion; unable to work, attend school or meet other developmentally appropriate responsibilities; difficulty with daily living, communication, interpersonal skills, self-care and self-direction*
- Substance use treatment:** *has substance use disorder with two or more episodes of residential and/or inpatient treatment in the past two years*

- An inability to obtain or maintain employment resulting from age, physical disability or traumatic brain injury (*must be the result of a CARE Assessment*)
- Unable to be gainfully employed for at least 90 consecutive days due to a mental or physical impairment (*must be the result of a HEN/ABD Progressive Evaluation process*)

Please provide any additional details (if applicable):

Part B: Employment assessment

Please fill out to the best of your ability. Information in this section assesses the individual's employment needs, preferences and capacities. This information is required, but does not impact eligibility.

Is the client interested in seeking employment? Yes No *If yes, what is the source of this answer:*

- Client statement
- Referral from clinician/case manager/other
- Family discussion (or legal guardian or designated representative) Other:

***Employment status:**

- Unemployed
- Employed part time
- Employed full time
- Nonpaid employment activities
- Enrolled in training/education program

***Income source (check all that apply):**

- Social Security
- Pension
- Social Security Income
- Social Security Disability Income
- Temporary Assistance for Needy Families
- Aged, Blind and Disabled
- Employment
- Other:

***Total income:**

- Less than \$10,000
- \$10,000-\$14,999
- \$15,000-\$19,999
- \$20,000-\$24,999
- \$25,000-\$29,999
- \$30,000-\$34,999
- \$35,000 or more

***Housing type:**

- Transitional/temporary housing
- Permanent housing

Not housed (homeless)

***If homeless, choose type:**

- Living in a place not meant for human habitation (e.g., car)
- In an emergency shelter
- Homeless but admitted to a hospital or other institution for less than 30 days
- At imminent risk of losing housing
- Evicted or foreclosed within 30 days with no future residence identified Couch surfing or doubled up
- Other:

Please identify what information indicates the individual would benefit from supported employment services (check all that apply):

- Work history with gaps and poor job tenure
- Unclear vocational goals
- Poor prevocational skills (no resume, lacking interviewing skills, etc.)
- Client self-assessment of readiness for employment is low
- Major health issues have affected employment consistently in past or potentially may affect in future
- Client's stated request for ongoing support

The above assessment information was obtained by (check all that apply):

- Client direct statements
- Clinician/case manager/other assessment in referral to employment services
- Other:

Client strengths in terms of employment (check all that apply):

- Motivation
- Natural supports from family and friends
- Flexible in terms of job
- Has own transportation
- Educational attainment
- Previous good experience in job of choice
- Good references
- Has good job search skills
- Relates well interpersonally

Client barriers that need to be addressed in terms of employment (check all that apply):

Note: These are areas for support, not disqualifiers or screen-out mechanisms for employment. Little family and friend support

- Lacks own transportation
- Poor educational attainment
- Little prior work experience
- Poor prior work experience
- Ongoing substance abuse

Notes:

Assessment completed by:	Position/credentials:	Date:
Signature:	*Provider agency name:	
Assessment supervised by (if applicable):	Position/credentials:	Date:
Signature:		
*Enrollee consent for services (print name):		
<i>*Please indicate verbal consent in the notes below if signature was not attainable (required if no signature).</i>		
*Enrollee signature:		*Date:
Notes:		