

<b>IPS Career Profile</b>	
Client Name: Click or tap here to enter text.	Today's Date: Click or tap here to enter text.
Address: Click or tap here to enter text.	IPS Specialist: Click or tap here to enter text.
Email: Click or tap here to enter text.	Case Manager: Click or tap here to enter text.
Client Phone #: Click or tap here to enter text.	VR Counselor: Click or tap here to enter text.
<b>Work Goal:</b>	
What is your dream job? Click or tap here to enter text.	What do you want to do now? Click or tap here to enter text.
Long term work goal? Click or tap here to enter text.	What don't you want to do? Click or tap here to enter text.
<b>Job Preferences:</b>	
1. Click or tap here to enter text.	How many hours per week would you like to work? Click or tap here to enter text.
2. Click or tap here to enter text.	What days and times are you available to work? Click or tap here to enter text.
3. Click or tap here to enter text.	How far are you willing to travel for work? Click or tap here to enter text.
How many hours do you want your shift to be? Click or tap here to enter text.	How will you get to work? Click or tap here to enter text.
What time do you want your shift to start? Click or tap here to enter text.	Do you have preference about your supervisor being male or female? Click or tap here to enter text.
<b>Disclosure:</b>	
Advantages to specialists contacting employers on your behalf: Click or tap here to enter text.	
Disadvantages to specialists contacting employers on your behalf: Click or tap here to enter text.	
Things that are ok to share with an employer: Click or tap here to enter text.	Things you do not want shared with an employer: Click or tap here to enter text.
Do you want your specialist to contact employers on your behalf? Click or tap here to enter text.	If not, what would you like them to do in order to help you get a job? Click or tap here to enter text.
<b>Education:</b>	

Highest Level of Education Achieved and Where? Click or tap here to enter text.		Any training or college classes? Where? Click or tap here to enter text.	
Any certificates or licenses related to work? Click or tap here to enter text.		Are you interested in returning to school? For what? Click or tap here to enter text.	
Languages spoken? What is your preferred language? Click or tap here to enter text.		Were you ever in the military? Branch and when? Click or tap here to enter text.	
<b>Work History:</b>			
<b>1. Most recent job:</b>			
Company, Job Title, Location: Click or tap here to enter text.			
Start Date: Click or tap here to enter text.	End Date: Click or tap here to enter text.	Hours per week: Click or tap here to enter text.	Wage: Click or tap here to enter text.
Job Duties: Click or tap here to enter text.			
What did you like about the job? Click or tap here to enter text.		What did you dislike? Click or tap here to enter text.	
Reason for leaving job? Click or tap here to enter text.		Possible reference? Click or tap here to enter text.	
<b>2. Next most recent job:</b>			
Company, Job Title, Location: Click or tap here to enter text.			
Start Date: Click or tap here to enter text.	End Date: Click or tap here to enter text.	Hours per week: Click or tap here to enter text.	Wage: Click or tap here to enter text.
Job Duties: Click or tap here to enter text.			
What did you like about the job? Click or tap here to enter text.		What did you dislike? Click or tap here to enter text.	
Reason for leaving job? Click or tap here to enter text.		Possible reference? Click or tap here to enter text.	
<b>3. Next most recent job:</b>			
Company, Job Title, Location: Click or tap here to enter text.			
Start Date: Click or tap here to enter text.	End Date: Click or tap here to enter text.	Hours per week: Click or tap here to enter text.	Wage: Click or tap here to enter text.
Job Duties: Click or tap here to enter text.			
What did you like about the job? Click or tap here to enter text.		What did you dislike? Click or tap here to enter text.	
Reason for leaving job? Click or tap here to enter text.		Possible reference? Click or tap here to enter text.	
<b>4. Next most recent job:</b>			
Company, Job Title, Location: Click or tap here to enter text.			

<b>Start Date:</b> Click or tap here to enter text.	<b>End Date:</b> Click or tap here to enter text.	<b>Hours per week:</b> Click or tap here to enter text.	<b>Wage:</b> Click or tap here to enter text.
<b>Job Duties:</b> Click or tap here to enter text.			
<b>What did you like about the job?</b> Click or tap here to enter text.		<b>What did you dislike?</b> Click or tap here to enter text.	
<b>Reason for leaving job?</b> Click or tap here to enter text.		<b>Possible reference?</b> Click or tap here to enter text.	
<b>5. Any other job information that you want to share?</b> Click or tap here to enter text.			
<b>Benefits:</b>			
Do you receive: <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Housing Subsidy <input type="checkbox"/> GA <input type="checkbox"/> Food Stamps <input type="checkbox"/> TANF <input type="checkbox"/> Unemployment			
<input type="checkbox"/> Retirement <input type="checkbox"/> Veteran Benefits <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Other health benefits: Click or tap here to enter text. <input type="checkbox"/> Not sure			
Do you have a rep payee? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you interested in benefits counseling? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Criminal Record:</b>			
Have you ever been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	
1. Offense, Year, Sentence Click or tap here to enter text.			
2. Offense, Year, Sentence Click or tap here to enter text.			
3. Offense, Year, Sentence Click or tap here to enter text.			
Do you have any pending legal charges? Click or tap here to enter text.		Probation or Parole Officer Name and Contact Number: Click or tap here to enter text.	
Do you have a copy of your rap sheet? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you willing to get a copy of it? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Health:</b>			
<b>Mental health issues:</b> Click or tap here to enter text.		<b>Physical health issues:</b> Click or tap here to enter text.	
<b>Mental health medications:</b> Click or tap here to enter text.		<b>Physical health medications:</b> Click or tap here to enter text.	
<b>Side effects:</b> Click or tap here to enter text.		<b>Side effects:</b> Click or tap here to enter text.	
<b>How does your mental health condition affect you?</b> Click or tap here to enter text.		<b>Any problems with standing, sitting, lifting, stairs?</b> Click or tap here to enter text.	
<b>How do you manage your wellness?</b> Click or tap here to enter text.		<b>Do you use alcohol? How much and how often?</b> Click or tap here to enter text.	

Possible accommodations needed at worksite: Click or tap here to enter text.	Do you use drugs? Which drugs? How often? Click or tap here to enter text.
<b>Daily Living:</b>	
What is your living situation? Click or tap here to enter text.	What are your sleeping habits? Click or tap here to enter text.
What do you do in your spare time? Click or tap here to enter text.	Do you belong to any clubs, groups, or religious orgs? Click or tap here to enter text.
What is important to you about your background/ culture? Click or tap here to enter text.	What special events, holidays, or traditions do you celebrate? Click or tap here to enter text.
Where do you like to go in your area? Click or tap here to enter text.	Who do you have in your support system? Click or tap here to enter text.
How well do you get along with other people? Click or tap here to enter text.	Who do you want involved in your employment plan? Click or tap here to enter text.
<b>Work Skills:</b>	
What do you need in order to start a job? <input type="checkbox"/> State ID <input type="checkbox"/> Social Security Card <input type="checkbox"/> Transit card <input type="checkbox"/> Phone <input type="checkbox"/> Interview clothes <input type="checkbox"/> Work clothes <input type="checkbox"/> Help with transportation route <input type="checkbox"/> Other: Click or tap here to enter text.	
Why do you want to work now? Click or tap here to enter text.	Is there anything that worries you about going to work? Click or tap here to enter text.
How do you think working will affect your life? Click or tap here to enter text.	How have you found jobs in the past? Click or tap here to enter text.
How might your culture impact how you look for a job or where you would work? Click or tap here to enter text.	Have you ever felt discriminated against or treated unfairly when looking for work or on a job? Click or tap here to enter text.
<b>Networking Contacts:</b>	
Family: Click or tap here to enter text.	Friends: Click or tap here to enter text.
Previous Employers: Click or tap here to enter text.	Other: Click or tap here to enter text.
<b>Information from Family, Previous Employers, Others:</b>	
Click or tap here to enter text.	

**IPS Specialist Signature** Click or tap here to enter text. **Date** Click or tap here to enter text.

**Client Signature** Click or tap here to enter text. **Date** Click or tap here to enter text.