

PLACEMENT PLUS INTAKE FORM (P3-2)

Intake Date:	Counselor:	Service Provider:	
Consumer:	SSN #: XXX-XX-	Phone #:	Email Address:
Date of Birth:	Emergency Contact:	Relation to Consumer:	Phone #:
Address:	Male Female Transgender Other	Primary Language:	Highest Level of Education:
Current Living Situation:	Mode of Transportation:	Current Identification? Y N Type:	Military Veteran? Y N Type of Discharge:
Medications:	Allergies:	Medical Concerns:	Seizure Disorder? Y N
Diagnosis:		Work Incentive Counseling	Source of Income:

Do you have a criminal history? Are you currently on probation or parole? Are you concerned about how your record may affect your employment prospects?

Work History & Experience:

Work Availability: Full time (30+hours per week) Part time (29 hours or less per week)

Hours per Day

Willing to Work Mornings/Evenings/Weekends/Holidays:

Planned Vacations During the Next Year:

Reasonable Accommodations:

Functional Capacities/Limitations (include side-effects of medications):

Additional Concerns that Need to be Addressed:

Job Readiness Skills Training:

Communication
Teamwork

Problem Solving & Critical Thinking
Workplace Demeanor

Professionalism
Job Seeking Skills

Consumer ✍ _____

Service Provider ✍ _____

Counselor ✍ _____

Signatures are required to move forward with Job Readiness Skills Training

Distribution: Consumer QRP/Counselor Service Provider

NOTICE: This information is confidential. State law and regulations prohibit any further disclosure of this information without the informed, written consent of the person to whom this information pertains.

PLACEMENT PLUS JOB PARAMETER

Service Provider Name & Address:	Consumer:	Date:
	Counselor:	District:

Consumer Job Choices: First:
 Second:
 Third:

Work Week Goal (Hours/Week):

Days/Hours Available: <i>(example 9am-10pm)</i>	Mon:	Tues:	Wed:	Thurs:	Fri:	Sat:	Sun:
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Preferred Location:

Location Restrictions:

Mode of Travel:

Travel Restrictions:

Comments:

Functional Limitations: Check all that apply

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|---|---|
| Mobility | Communication (hearing, seeing, speaking) |
| Self Care | Work Skills |
| Work Tolerance | Cognitive Restrictions (literacy) |
| Physical Restrictions | Medications/Side Effects |
| Environmental Considerations (i.e. Heights, Machinery, Direct Sunlight, Heat, Cold, Dust, etc.) | |
| Digital Literacy | |
| Other (conditions of probation, etc.) Explain: | |

Specific/Recommended Accommodation(s)

The conditions are consistent with the IPE

Counselor Signature:



Email Address:	Phone #:	Date:
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Distribution: Consumer Case File