



VOCATIONAL PROFILE

Date: _____ Completed by: _____

Address _____ Telephone: _____ E-mail: _____

Consumer's Current Information

Name				
Address				
Telephone		Date of Birth		Gender
Broker/Case Manager Name			Telephone	
Guardian's Name (if applicable)			Telephone	
Vocational Provider(s):				
Other service providers:				

Description of the Person

Physical Information

Diagnosis:
Ambulation:
Physical Assistance Needed (eg, continence, eating, etc. Include time of day that assistance is required):
Seizures:
Hearing/Vision:

Medications:
Other Considerations/Health Conditions:

▪ **Vocational History**

Education:
Previous jobs (location, job tasks, pay, how it ended):

▪ **Vocational Characteristics**

Academic Skills	
Communication	
Strength/Endurance	
Attention Span	
Motor Skills	
Social Skills	
Personality Factors	

Work Preferences (as identified through previous jobs or otherwise):

Pertinent Environmental Factors (eg, type of supervision, work environment, structure):

Other Considerations (such as behavioral, psychiatric, family circumstances):

▪ **In-Home Safety Skills**

Does person require supervision/support to spend time at home if not employed during the day? If so, are natural supports available to assist?:

Identify any concerns about the person's ability to evacuate their home in an emergency (Is the person independent or would they require cues, direction or assistance?):

▪ **Other Information**

DVR File Open? No Yes | Counselor:

Other agency involvements, funding, or other issues:

Expectations for vocational supports by parents/guardian or consumer:

Describe other considerations that would be important to know when setting a vocational rate (i.e. significant medical needs, personal care needs, safety concerns, orientation to community, etc):

NOTE: Please attach any formalized assessment information available.

Information Regarding Current Employment

- **Vocational Placement #1** (*NOTE:* Please fill out one per job. Make additional copies as needed)

Name of Business:

Business Address:

Job Responsibilities:

Current Hours:

Projected Hours:

Date of Hire (Month/Year):

Wages (\$/hr) Direct Hire by employer? Y N Sub-contract? Y N Sub-Minimum wage? Y N

Transportation

Current Vocational Transportation Arrangements:

Long-term Vocational Transportation Planning:

If applicable, describe potential additional transportation costs (e.g. in rural areas):

Level of Support

Frequency/Duration of Job Coaching Support:

Intensity of Support:

Potential for Fading Support:

If applicable, describe why a 1:1 consumer to staff support ratio is needed:

▪ Vocational Placement #2 (*NOTE:* Please fill out one per job. Make additional copies as needed)

Name of Business:

Business Address:

Job Responsibilities:

Current Hours:

Projected Hours:

Date of Hire (Month/Year):

Wages (\$/hr) Direct Hire by employer? Y N Sub-contract? Y N Sub-Minimum wage? Y N

Transportation

Current Vocational Transportation Arrangements:

Long-term Vocational Transportation Planning:

If applicable, describe potential additional transportation costs (e.g. in rural areas):

Level of Support

Frequency/Duration of Job Coaching Support:
Intensity of Support:
Potential for Fading Support:
If applicable, describe why a 1:1 consumer to staff support ratio is needed:

▪ Vocational Schedule Chart

In Chart 1 (on following page), indicate times of the day and days per week that a person is currently employed. Identify the times when the consumer currently receives vocational staff support. (This is defined as staff who are present at a job site when a consumer is in need of support or providing transportation for a consumer to/from a job site.)

For example: Barb S. has a job coach working with her and another consumer at Shopko in the mornings on M-F. She then has drop-by support that totals ½ hour a week of staff time in the afternoons at Meriter Hospital on Tuesday and Thursday.

	Mon	Tues
AM	8am-noon at Shopko	8am-noon at Shopko
Consumer:Staff Ratio	2:1	2:1
Staff Time allocated to Consumer	2.0 staff hours	2.0 Staff hours
PM		1-2p at Meriter
Consumer: Staff Ratio		Spot Check
Staff Time allocated to Consumer		.25 Staff hours

Chart 1: Current Employment and Support

Consumer's Name:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
Consumer:Staff Ratio					
Staff Time Allocated to Consumer					
PM					
Consumer:Staff Ratio					
Staff Time Allocated to Consumer					

Total Current Direct Staff Hours/Week (from Chart 1):

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 QUESTIONS? Call Bill or Joe at 242-6440