

Current or Past Assaultive/Self Destructive Behaviors? Yes No

If yes, describe:

Current or Past Drug/Alcohol Problems? Yes No

If yes, describe:

Are there any medical conditions that might impact employment? Yes No

If yes, describe:

Client Strengths:

Current Living Arrangement:

Length of time at address:

If Board and Care, Name:

Living Arrangement: Stable Needs to change

Rate client's potential for moving to a more independent living arrangement:

Poor Fair Good Excellent

Activities of Daily Living

Adequate grooming? Yes No

Adequate diet? Yes No

Adequate clothing? Yes No

Able to use transportation? Yes No

Able to express needs? Yes No

Able to manage money? Yes No

Educational/Vocational Status

Able to read/write? Yes No

High School/GED? Yes No

Work History? Yes No

Vocational Rehab client? Yes No

Currently employed? Yes No

Motivated to work? Yes No

Name:
Type: MH County Cooperative Program

Case#:

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What are the client's current support systems?

Additional Information/Special Considerations:

Client Acknowledgement:

I agree to be available and willing to participate in employment activities at least 20 hours per week: Yes No

(Must be yes to participate in Cooperative Program)

I agree to be free from drugs or alcohol while participating in employment services: Yes No

(If not, I understand that opportunities will be limited and will be considered individually)

I need a medical release from my primary care or other medical doctor before I can participate in work activities for at least 15-20 hours per week: Yes No

(If a medical release is required, I understand that opportunities may be limited and will be considered individually)

Name:
Type: MH County Cooperative Program

Case#:

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Signatures

Signature	Signature Line Heading	Printed Name	Date
	Clinician		
	Program Supervisor		
	Health Information Technician		