

2/18/15

Marcfirst Supported Employment Application

Applicant's Name: _____ Date _____

Date of birth: _____ Social Security #: _____

DEMOGRAPHIC INFORMATION

Name and Address of Person with whom (or institution in which) Applicant lives: _____

Relationship of above to Applicant: _____

EMERGENCY CONTACTS

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

In case of an emergency and an emergency room visit is necessary, do you prefer your primary Dr. or is the Dr. on-call Okay? _____

Open to DRS/used funding in the past? Yes ___ No ___

If Yes, which DRS Office _____

Is the individual registered on the PUNS List? Yes ___ No ___

MEDICAL HISTORY

Primary Diagnosis: _____ Secondary Diagnosis if applicable

(List **all** and attach documentation for **validation of diagnosis**)

Date of last psychological: _____ Results:

Date of last ICAP: _____ Score/Results:

Can Applicant administer his/her own medication? _____

Allergies _____

Prosthetic devices (hearing aid, glasses, false teeth, helmet, braces, wheelchair, etc.) _____

Does person need assistance using the above? _____

Physical Problems: (perceptual difficulty, coordination, acrophobia, speech, etc.)

Any special medical problems _____

History of Seizures, if yes: Type of Seizures _____ Frequency _____

How Handled _____

Is Applicant usually aware of and able to report immediately any physical discomfort (constipation, diarrhea, headache, sore throat, nausea, etc.)? _____

Educational Information (special classes, particular weaknesses and strengths, behaviors, etc.):

Employment Information (work he/she enjoys, strengths, weaknesses, behaviors, etc.): _____

Special Issues, fears, likes, dislikes, etc.: _____

HOBBIES AND INTERESTS

What activities/personal routines that could affect job availability

Does Applicant have any regular weekly obligations (bowling league, club meeting, music lessons, etc.)? Please state activity and day(s) attended: _____

Does Applicant have any hobbies or specific activities that s/he enjoys (sports, music, pets, etc.)? _____

Does Applicant initiate or willingly participate in leisure time activities (alone or with groups, needs motivation but enjoys participating, etc.)? _____

Best Communicates by _____

Are there any situations or conversations that may upset this person? If so please explain _____

List any behavioral assessments: (name, date and result)

Legal Information

Criminal Conviction:

Has the applicant ever been convicted of a crime: Yes No Unknown

Court Date: _____ / _____ / _____

If yes, please check all that apply

Felony conviction(s) Misdemeanor conviction(s)

Jail Date of most recent release: _____ / _____ / _____

Prison Date of most recent release: _____ / _____ / _____

Sex Offender Other: _____

Comments/Concerns: _____

Transportation

Does the applicant drive? _____

Does the applicant know how to use public transportation? _____

GENERAL COMMENTS: (anything you may wish to add)

Application filled out by _____

Relationship to Applicant _____

Address _____ Phone No. _____

Marcfirst USE

Date Received: _____ QIDP Assigned: _____

Filling out this form does not guarantee admission into the program. A QIDP will follow-up with you for an initial interview and review of the application.

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Attachment 3

**Application for High School Students Applying for Services While Still
in School**

Applicant's Name: _____ Date _____

Date of birth: _____ Social Security #: _____

DEMOGRAPHIC INFORMATION

Name and Address of Person with whom (or institution in which) Applicant lives: _____

Relationship of above to Applicant: _____

EMERGENCY CONTACTS

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

In case of an emergency and an emergency room visit is necessary, do you prefer your primary
Dr. or is the Dr. on-call Okay? _____

Open to DRS/used funding in the past?

MEDICAL HISTORY

Primary Diagnosis: _____

Secondary Diagnosis if applicable _____

(List **all** and attach documentation for **validation of diagnosis**)

Is the applicant able to self-administer medications? Yes _____ No _____ N/A _____

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Prosthetic devices (hearing aid, glasses, false teeth, helmet, braces, wheelchair, etc.) _____

Does person need assistance using the above? _____

History of Seizures, if yes: Type of Seizures _____ Frequency _____

How Handled _____

Employment Comments (work he/she enjoys, strengths, weaknesses, behaviors, etc.): _____

Does Applicant have any restriction of activities? Please describe if yes: _____

OTHER INFORMATION

Are there any situations or conversations that may upset this person? If so please explain _____

Legal Information

Criminal Conviction:

Has the applicant ever been convicted of a crime: Yes No Unknown

Court Date: _____ / _____ / _____

If yes, please check all that apply

Felony conviction(s) Misdemeanor conviction(s)

Jail Date of most recent release: _____ / _____ / _____

Prison Date of most recent release: _____ / _____ / _____

Sex Offender Other: _____

Comments/Concerns: _____

Transportation

Does the applicant drive? _____

Does the applicant know how to use public transportation? _____

GENERAL COMMENTS: (anything you may wish to add)

Application filled out by _____

Relationship to Applicant _____

Address _____ Phone No. _____

Marcfirst USE

Date Received: _____ QIDP Assigned: _____

Filling out this form does not guarantee admission into the program. A QIDP will follow-up with you for an initial interview and review of the application.