

## Vocational Activity Profile

If the member has indicated they're interested in working, complete a referral to a member's preferred employment provider and the Vocational Rehabilitation program. Do not delay.

Member name: \_\_\_\_\_ Date completed: \_\_\_\_\_

AHCCCS ID number: \_\_\_\_\_ Employment specialist: \_\_\_\_\_

Case manager: \_\_\_\_\_ Rehab specialist: \_\_\_\_\_

### Employment demographics

What activity is the member currently involved in?

### Educational demographics

What is the highest grade level achieved by the member?

### Member's interests or goals

What would you say is your dream job?

What is the job you would like to have now?

What do you think work will do for you personally, financially and socially?

How much income do you need per month?

- \$200-\$500     
  \$500-\$1,000     
  \$1,000-\$3,000     
  \$3,000-\$6,000

How many hours would you like to work per week?

- 16 hours     
  24 hours     
  32 hours     
  40 hours

What excites/concerns you most about going back to work?

### Work history

Years since last employment:

- Currently working     
  0-1 year     
  1-3 years     
  3-5 years     
  >5 years

Estimate total number of jobs worked:

- 1-3 jobs     
  4-6 jobs     
  >6 jobs     
  Member has never worked

How long were you at your longest job?

- 0-1 year     
  1-3 years     
  3-5 years     
  >5 years     
  N/A

In what industry was your longest job?

Would you like to work in this industry again?

- Yes   
  No   
  Not sure   
  N/A

## Vocational Activity Profile

Which employment supports interest the member? (Select all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Accommodation request                   | <input type="checkbox"/> Job departure planning | <input type="checkbox"/> Wage reporting           |
| <input type="checkbox"/> Appearance consulting                   | <input type="checkbox"/> New employee training  | <input type="checkbox"/> Work place boundaries    |
| <input type="checkbox"/> Benefits consulting                     | <input type="checkbox"/> New hire paperwork     | <input type="checkbox"/> Work place modifications |
| <input type="checkbox"/> Conflict resolution                     | <input type="checkbox"/> Performance reviews    | <input type="checkbox"/> Time-management supports |
| <input type="checkbox"/> Disclosure consulting                   | <input type="checkbox"/> Role clarification     | <input type="checkbox"/> Transit planning         |
| <input type="checkbox"/> Effective communication                 | <input type="checkbox"/> Role negotiation       | <input type="checkbox"/> Other supports as needed |
| <input type="checkbox"/> Establishing professional relationships | <input type="checkbox"/> Schedule adherence     |   |
|  | <input type="checkbox"/> Schedule modification  |   |

Discuss the benefits of ongoing employment support. (Discussion may include but not be limited to adjusting to changes in workplace, benefits planning, workplace relationships, disclosure and accommodations.)

What methods will the member use to get to and from work? (Select all that apply)

- |   |                                       |   |
|---|---------------------------------------|---|
| <input type="checkbox"/> Personal vehicle | <input type="checkbox"/> Dial-a-ride  | <input type="checkbox"/> Other approaches:<br>_____ |
| <input type="checkbox"/> Natural supports | <input type="checkbox"/> Valley Metro |   |

### Benefits

Has the member spoken with a benefit specialists?  Yes  No

What benefits do you receive? (Select all that apply)

- |                                 |   |                                       |  |
|---------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> SSI    | <input type="checkbox"/> Medicare Cost        | <input type="checkbox"/> HUD          | <input type="checkbox"/> Other:<br>_____ |
| <input type="checkbox"/> SSDI   | <input type="checkbox"/> Sharing Programs     | <input type="checkbox"/> TANF         |  |
| <input type="checkbox"/> AHCCCS | <input type="checkbox"/> (QMB, SLMB and QI-1) | <input type="checkbox"/> SNAP         |  |
|                                 | <input type="checkbox"/> Section 8            | <input type="checkbox"/> DES programs |  |

Identify barriers to participating in activities/work (Select all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Occupational exposure to risk factors (Z57)   | <input type="checkbox"/> Problems related to housing and economic circumstances (Z59) |
| <input type="checkbox"/> Other problems related to primary support group, including family circumstances (Z63) | <input type="checkbox"/> Problems related to life management difficulty (Z73)         |
| <input type="checkbox"/> Problems related to certain psychosocial circumstances (Z64)                          | <input type="checkbox"/> Problems related to lifestyle (Z72)                          |
| <input type="checkbox"/> Problems related to education and literacy (Z55)                                      | <input type="checkbox"/> Problems related to other psychosocial circumstances (Z65)   |
| <input type="checkbox"/> Problems related to employment and unemployment (Z56)                                 | <input type="checkbox"/> Problems related to social environment (Z60)                 |
|  | <input type="checkbox"/> Problems related to upbringing (Z62)                         |

### ISP recommendations:

Member signature \_\_\_\_\_ Date \_\_\_\_\_

Clinical staff signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** ACT Teams making external referrals must have the clinical rationale for the basis of the referral extensively documented within the member medical record.

Adapted from Evidence-Based Practices KIT – Building Your Program [www.samhsa.gov](http://www.samhsa.gov)  
Revised 2019 | File original in medical record