Intake Questions-

Instructions: Please fill out and return to your VR Counselor at your next meeting. Or you can scan and email it, or fax it to them. (Their email or fax will be located on their business card.)

Please take some time on questions 17, 18, & 19 as you know yourself better than anyone and your insight here is valuable to us to help you be successful in our team efforts towards your employment.

Name: ______________________________
Date: ___________________________
(If Applicable) Name of person completing this with client: _____________________________

1. What would you like to do for work (could be a dream job you imagined when you were a child)? What about this “dream” job/work do you like so much? (What’s so intriguing to you that makes you want to try this job?)
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

2. What have been your favorite chores/tasks/job experiences? Why?
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

3. Why is it, or what about work is important for you?
   ____________________________________________________________________________
   ____________________________________________________________________________

4. What do you know about VR?
   ____________________________________________________________________________
   ____________________________________________________________________________

5. What would you like VR help you with? If applicable, what has changed in your life that has brought you to VR now?
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
6. If anyone, who is going to help you in this job search?

________________________________      __________________________________

Legal Guardian (Court Appointed): Yes _____     No ______

Name:   _______________________________________________________
Phone:   ____________________________________________

PA/County(SC)/Brokerage: Yes _____         No ______

Name:   _______________________________________________________
Phone:   ____________________________________________

Parent(s): Yes _____         No ______

Name(s):  _______________________________________________________
Phone(s):  _______________________________________________________

Other:  _________________________________________________________

Name:   _______________________________________________________
Phone:   ____________________________________________

7. What is your definition of “success” in work/employment? What would your idea of successful employment be? What makes a job successful in your words?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

8. What jobs would you apply for now if you were out applying for work?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

9. What gets you excited or makes you want to do something? What motivates you?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

10. If we found you a job now, could you start tomorrow morning? Why or why not?
(Concerns...barriers...such as child care, transportation, elders to care for...)
Check One: _____ Yes, I could start tomorrow morning.
    _____ No, I could not start tomorrow morning because:

Please explain:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

11. What is your primary form of transportation? ______________________________
______________________________________________________________________________

How far/long (miles/hours) are you willing to travel to work? _________________

Do you have easy or difficult access to public transit? (How close is you closest transit stop?)  Yes _____         No _____

Bus Stop (how far?): _________________________________________________________
Other: _______________________________________________________________________

12. Are you a more of a morning person or evening person? (When do you have the most energy?)
______________________________________________________________________________
______________________________________________________________________________

What time do you go to bed on average? Get up in the morning?
__________pm          ____________am

13. Are there days or times you can NOT work? Why?

    Holidays  ___ Yes  ___ No
    Weekends  ___ Yes  ___ No

______________________________________________________________________________

14. What type of schedule would you be able to work?

    P/T or F/T? _______________________

    AM’s (as early as: _____________):  Yes ____          No ____

    PM’s (as late as: _____________):  Yes ____          No ____

    Swings:  Yes ____          No ____
    Graveyards:  Yes ____          No ____
Please write in a **Y for yes** or a **N for no** for the days and times you can work in this schedule.

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Additional comments:

______________________________________________________________________________
______________________________________________________________________________

15. What is your bottom line for the number of hours you want to work per week?
   (6, 12, 16, 20, 30?) ________________________________

   Number of hours per day you want to work? (4, 6, 8?) ______________________

   If you were to work 6/8 hours in a day, how would working so many hours impact you physically/health wise?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
...
...And could you deal with this impact? What would you do to deal/cope with it?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

16. What do you need to earn (per/hr and monthly/yearly) to survive and pay your monthly obligations? $________

17. Are there any accessibility/sensory issues such as working in confined spaces, fears (afraid of...), indoor or outdoor, environmental (temperatures), lighting, noise levels, restroom needs, allergies, diet (eating)?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
18. Are there any considerations in your home/workspace or things from previous jobs/volunteering that have helped or that you would need to help you do the job more effectively?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

a) What helps you stay organized? (lists, color coding)
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

b) What helps you stay focused or stay on task? (routine, task lists)
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

c) What do you do/use to keep appointments/for your daily/weekly/monthly scheduling? (What does work for you and what hasn't in the past?) (alerts, electronic calendar)
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

d) How do you learn the best? (visual, written, verbal, hands on, repetition?)
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

e) Can you learn something the first time or do you need a couple times or more to learn it?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

19. What things/strategies/environments have NOT worked/do NOT work for you?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
20. Do you use or have a medical marijuana card? Could you pass a UA today?
   Yes ______  No _______  Yes ______  No ________

21. Do you have any criminal history/charges? If so, are they misdemeanors, felonies?

   Misdemeanors:  Yes ______  No ________

   Felonies:  Yes ________  No ________

   Do you have a PO?  Yes  No
   If so who is it? (name/phone/where)____________________________________________
   ____________________________________________________________

   What are the offenses and when were they? Note what they were, the dates they occurred and where they took place (city & state(s) if not in Oregon):
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

   Known Restrictions:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________