

**(Participant's name)'s Path to Employment  
(Date)**

Discussions need to be had with the participant about going to work which will in turn enable them to have meaningful lives and allow them to participate in their community alongside other members of the community. Participants need to be informed about having a choice when it comes to their day and which will allow them to work at their fullest capacity. A path, if you will, needs to be mapped out and steps for obtaining employment at their highest level. This path needs to be re-visited at each meeting with the individual, including phone conversations, visits in their homes and their annual plan of care meetings. Discussions need to be had with their current vocational provider (if there is one) as to what the individual wants to do regarding employment. It is up to everyone on their team to assist them in obtaining employment.

The questions below are meant to trigger discussions, but should not be the only questions asked.

1. Do you work? YES or NO
2. What type of job do you have? \_\_\_\_\_ Individual job or \_\_\_\_\_ Mobile Crew? (check which applies)
3. If you do work:
  - a) Where do you work? \_\_\_\_\_
  - b) Do you have someone that helps you at your job? \_\_\_\_\_
  - c) What do you do at your job? \_\_\_\_\_
  - d) How long have you been working? \_\_\_\_\_
  - e) How many hours a week do you work? \_\_\_\_\_
  - f) How much money do you make an hour? \_\_\_\_\_
  - g) Are you happy with your current job? Yes or No  
If no, then what would you like to change? (i.e. more hours? Different work? etc..)  
\_\_\_\_\_

If you answered "No" to the questions above, proceed with the following questions.

4. If you do not work, what do you do every day? (i.e. Do you stay home? Do you attend a day program? Do you sleep late? Hang out with friends? )  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. What would you like to do every day?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Do you want to start looking for a job or a different job? YES or NO
  - a) If YES and EVERYONE is in agreement, then a referral will be made to LRS.  
Date referral made \_\_\_\_\_
  - b) If NO- then what are the barriers that are keeping you from looking for a job? (drill down to get to the real reason for the individual not to go to work- ask lots of questions) (Follow up at

the next monthly contact and follow up each month thereafter until the individual decides to pursue employment (i.e. referral to LRS.)

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- \*If Social Security is a concern then refer to Benefits Planner Date of Referral \_\_\_\_\_
- \*If concern with the job process- connect with another family who has been through the process.
- \*Discuss their concerns in depth and work to get to the root of why they do not want to work.

7. What are the next steps on your Path to Employment? (Follow Up discussion will be made with this family on scheduled phone calls and visits to the home)

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I hereby agree that "My Path to Employment" has been discussed and I am in agreement to the above statements.

Participant's Signature

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Support Coordinator's Signature

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Team Member's Signatures/Title  
(if taking place at POC meetings)

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- Follow up will be made on \_\_\_\_\_ (date) regarding LRS referral.
- Follow up will be made on \_\_\_\_\_ (date) regarding referral to Benefits Planner.
- Follow up will be made on \_\_\_\_\_ (date) regarding putting family in contact with another family.
- Follow up will be made on \_\_\_\_\_ (date) with the family to provide additional information.