

JVS

29 Winter Street, Boston, MA 02108

Transitions to Work Program

Name: _____ Date: _____ Enter Date
 Address: _____
 Home Phone: _____ Cell Phone: _____ Date of Birth: _____ Enter Date
 Referral Source: _____
 Email Address: _____

Emergency Contact:

Name	Phone #	Relationship

Race:

Hispanic Non Hispanic Not Disclosed

Marital Status:

Single Married Divorced Widowed

Ethnicity:

Asian/Pacific Islander Native American/Alaskan Native Black
 Other Not Disclosed White

Religious Affiliation:

Jewish Not Jewish Not Disclosed

Are you currently receiving services from:

Department of Dev. Services Mass Rehab. Commission Mass Commission for the Blind Public School
 Department of Mental Health Threshold Program Other Agencies

Are you currently receiving:

SSI SSDI Food Stamps Other Public Benefit

Do you have a ticket work? Yes No

If Yes, has it been assigned: Yes No

What is your Primary Language?

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Primary Disability:

History of Seizures: N/A

Type of seizure disorder:

How often do they occur:

Are the seizures controlled by medication?

N/A Completely Controlled Partially Controlled Uncontrolled

Please list current medications:

BEHAVIOR/SOCIAL HISTORY:

History of anxiety? yes no If yes, in what situations

History of Self injurious behavior? yes no If yes, in what situations?

History of verbal aggression? yes no If yes, in what situations?

History of physical aggression? yes no If yes, in what situations?

Is there a behavior plan in place? yes no If yes, brief explanation?

Has the behavior plan been effective? N/A yes no If no, brief explanation?

Education/Trainings:

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Name of School	Years Attended	Highest Degree Earned

Employment History:

Work/Volunteer Experience: (list most recent first)

<p>Employer: _____ <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer</p> <p>Job Title: _____ Dates Employed: Start Date - End Date</p> <p>Job Coach Support? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe level of support: _____</p> <p>Reason for Leaving: _____</p> <p>Description of Job Tasks: _____</p>
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If yes, describe level of support: _____
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Why do you want to participate in the Transitions to Work Program?

List three references (non related)

Name	Relation to you	Phone #

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What are your areas of strength?

What are some of your challenges?

What are your areas of interest?

How many hours per week can you work?

Please read below and check any that you have difficulty with:

Time Management	<input type="checkbox"/>
Distractibility	<input type="checkbox"/>
Difficulty staying on task	<input type="checkbox"/>
Understanding/following instructions	<input type="checkbox"/>
Hearing	<input type="checkbox"/>
Seeing	<input type="checkbox"/>
Reading	<input type="checkbox"/>
Writing	<input type="checkbox"/>
Working well with others	<input type="checkbox"/>
Walking	<input type="checkbox"/>
Standing	<input type="checkbox"/>
Sitting	<input type="checkbox"/>
Do you use a wheelchair	<input type="checkbox"/>
Difficulty remembering things	<input type="checkbox"/>

Positive past employment experiences:

What made them positive:

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Negative past employment experiences:

What made them negative:

Medical work restrictions:

Time willing to commute:

Transportation:

All TTW students will receive assistance in coming up with a plan to utilize independent transportation and will be trained in using the best transportation route from their residence.

How do you plan on getting to Hebrew Senior Life?

Drive self

Parent

Public transportation

other

Please return the completed application to:

Madeline Wenzel

Jewish Vocational Service

29 Winter Street, 3rd Floor

Boston, MA 02108