

Supported Employment Disclosure Form

Community Counseling Services

Rev 01/17

Case Name _____

Case Id# _____

Date _____

Mental Status Disclosure Agreement:

*****EACH PERSON USING SUPPORTED EMPLOYMENT SERVICES CAN DECIDE WHETHER OR NOT THEIR SPECIALIST WILL CONTACT EMPLOYERS ON THEIR BEHALF*****

The supported employment specialist and I have discussed:

- The Advantages and disadvantages of the SE contacting employers on my behalf.
- Whether or not I want the SE to go ahead and make employer contacts on my behalf.

NOTE: It is okay to change your mind at any time.

_____ I choose for the Supported Employment Specialist staff to contact employers on my behalf at this time. I authorize any medical or other information needed to assist with my employment to be released for employment unless otherwise noted below.

_____ I **DO NOT** want the Supported Employment Specialist to contact employers, on my behalf at this time.

If you decided that the employment specialist should not contact employers, what things would you like him or her to do in order to help you find a job?

- Help with job leads. Help filling out applications. Help with writing a résumé.
- Rides to job interviews. Practice with job interview questions and answers.
- Other: _____

Signature of Individual Receiving Services Date

Staff Signatures/Credentials Date