

ID/DD Waiver Job Discovery Profile

Community Counseling Services

Rev 01/17

Case Name _____

Case Id# _____

Date _____

Medicaid# _____

Part I: Identification Information Date of Birth _____ Gender _____ SS# _____

Address _____ Telephone _____ Place of Residence _____

Name of Parent/ Legal Representative _____

Address _____ Telephone _____

(Living Arrangements, Education and Specialized Training History)

Part II: Person and Family, Employment and Related Activities, Life Activities & Experiences, Skills, Interests & Conditions in Life Activities and Connections for Employment

Part III: Conditions for Success, Interests Toward an Aspect of the Job Market, Contributions and Challenges

Part III continued, if needed

**Potential Employer List:
Businesses**

Addresses

Type of Business

Individual Receiving Services/ Legal Representative Signature _____

Date _____

Job Discovery Staff Signature/Position _____

Date _____

Program Director Signature/Position _____

Date _____

Submit to Support Coordinator