

Vocational and Activity Profile

The purpose of the Vocational and Activity Profile is to assess member need and identify supportive services related to employment and community involvement. If the member has indicated an interest in working, complete a referral to a supported employment provider and the Vocational Rehabilitation program. Do not delay.

Member Name: _____ AHCCCS ID: _____
 Case Manager: _____ Rehabilitation Specialist: _____

 **Employment/Community Involvement/Meaningful Activity:**

Describe your typical day? _____

What activities are you currently involved in? _____

If you can do what matters to you, what would you be doing? _____

What excites you about doing what you love? _____





If you had the opportunity to continue your education or receive training, what interests you?

History:

Meaningful Activity	What hobby, volunteering or community activity have you participated in?
Education	What is the highest level of education you completed?
Work	Are you interested in working? <input type="checkbox"/> Currently working <input type="checkbox"/> Yes <input type="checkbox"/> No Do you want assistance to find employment and/or education/training? <input type="checkbox"/> What would you say is your dream job? _____ Years since last employment: <input type="checkbox"/> 0-1 year <input type="checkbox"/> 1-3 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> >5 years

Review the benefits of Supported Employment including ongoing employment support/ job coaching. Enter details related to the discussion.

NOTE: Discussion may include but is not limited to: *assistance finding and maintaining a job, benefits planning, workplace relationships, disclosure and accommodations, member preferences related to type of job, work hours.*

 RSA/Vocational Rehabilitation (VR)	 Benefits
<p>Are you familiar with the RSA/Vocational Rehabilitation (VR) Program? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you want to learn more about RSA/VR Program: <input type="checkbox"/> Yes</p> <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p>VR Program: A state work program that assists individuals with disabilities to obtain and maintain employment. The VR program assists the member with disability related barriers by providing support services. NOTE: Referring an ACT member to the VR program does not affect the ACT Fidelity score.</p> <div style="text-align: center;">  </div> </div>	<p>Do you have any questions/concerns about your benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p>Disability Benefits (DB101): Is an online resource that provides useful information in understanding the connections between earned income from work and benefits.</p> <div style="text-align: center; margin-top: 20px;">  </div> </div>

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Providers must screen for the following non-medical factors that impact health outcomes or Health-Related Social Needs (HRSN) and Social Determinants of Health (SDOH) including:

- Employment instability
- Interpersonal safety
- Justice/legal involvement
- Housing instability
- Utility assistance
- Food insecurity
- Social isolation/social support
- Transportation assistance

Identify needs, interests, and supportive services:

Supportive service examples: All service plans are individualized and developed with the member based on assessed needs.		
Socialization activities	Education and/or vocational training	Employment
<ul style="list-style-type: none"> Support system – family, friends, faith based Peer and family support services Community and faith-based activities Volunteering 	<ul style="list-style-type: none"> Community resources or network-opportunities, <i>e.g. apprenticeship, paid/ unpaid work opportunities</i> Rehabilitation services Supported education Interpersonal communication 	<ul style="list-style-type: none"> Supported Employment (SE) Vocational Rehabilitation (VR) Program Employment / rehabilitation Services
Money management, benefits planning, utility assistance, transportation assistance, <i>e.g. household management, scheduling and/or keeping appointments, nutrition education/ meal planning, interpersonal safety.</i>		

Individual Service Plan (ISP) recommendations:

	Socialization activities	Education and/or vocational training	Employment
Goals:			
Barriers:			
Hours per week to get involved:	<input type="checkbox"/> Up to 5 hours <input type="checkbox"/> 10 or more	<input type="checkbox"/> Up to 5 hours <input type="checkbox"/> 10 or more	<input type="checkbox"/> Up to 5 hours <input type="checkbox"/> 10 or more

NOTE: ACT Teams making external referrals must have the clinical rationale for the basis of the referral extensively documented within the member medical record.

 **REMINDER:** Mercy Care Provider Manual – [Chapter 400](#). Services should be implemented as soon as possible.

Rehabilitation Specialist Signature

Date