

AbilityOne Application

You are applying for Project HIRED's AbilityOne Placement Program!

Project HIRED (PH) is a 501(c)(3) nonprofit organization established in 1978 with a mission "To assist individuals with disabilities to gain and to sustain employment."

The AbilityOne Program, established by the Javits-Wagner-O'Day Act, provides employment opportunities for Americans with significant disabilities.

This document contains the steps to apply for an AbilityOne position with Project HIRED.

Please note that all forms must be completed for an applicant to be considered for this program. Additional packets can be printed from our website at: www.projecthired.org/abilityone

About AbilityOne

The AbilityOne Program, established by the Javits-Wagner-O'Day Act, provides employment opportunities for Americans with significant disabilities. Through AbilityOne, Project HIRED employs Call Center Telephone Operators at Veterans Affairs Medical Centers within California. Positions are available in Palo Alto, San Francisco, and Fresno.

*Congratulations on contacting Project HIRED and taking
the next step in achieving your career and life goals!
We welcome you and will work with you each step of the way.*

AbilityOne Application Process – Please Review!

Interested applicants must complete all the steps below to be considered for Project HIRED AbilityOne Program. Final eligibility is subject to review and approval by Project HIRED staff.

1. In order to apply for an AbilityOne position with Project HIRED the Applicant must first become a Project HIRED AbilityOne Candidate.
2. **The Applicant must:**
 - Complete Project HIRED AbilityOne Application
 - Complete Authorization for Release of Information Form
 - Provide a current resume
3. **The Applicant must also provide the following information from his/her medical doctor who is licensed MD, DO, or PHD:**
 - On the doctor's formal letterhead:
 - The applicant's medical diagnosis(es)
 - The doctor's contact information:
 - Professional stamp
 - License number
 - Medical Doctor's Signature
 - A completed Project HIRED AbilityOne Medical Accommodation Form
4. The completed Project HIRED AbilityOne packet must be sent to the Project HIRED Corporate office:
NOTE: All information must be mailed, emailed or faxed as one complete packet to:

Mail:

*Project HIRED AbilityOne Program
1401 Parkmoor Avenue, Ste. 125
San Jose, CA 95126*

Fax or Email:

*Secure Fax: 1-408-343-7054
Email: konstantinal@projecthired.org*

5. The AbilityOne Program Representative will review all Applicant paperwork
6. If the applicant is deemed a possible AbilityOne Candidate, the AbilityOne Program Representative will contact the applicant to set up an Accommodation Assessment.
7. If the Applicant meets the AbilityOne Assessment criteria, the Applicant will be approved as a Project HIRED AbilityOne Candidate.
8. Project HIRED AbilityOne Candidates will then be eligible for any Project HIRED AbilityOne open position.

Becoming a Project Hired AbilityOne Candidate does not guarantee employment.

9. Project Hired's AbilityOne Candidate will be called in to interview at the discretion of the Supervisors of Project Hired's AbilityOne contract sites.

Being interviewed does not guarantee employment.

10. For those AbilityOne Candidates offered employment, it is contingent upon passing the required security background check.
11. Project Hired AbilityOne Candidate's information will be kept on file for up to one year.

Necessary steps to apply for the Project Hired AbilityOne program

- Project Hired AbilityOne Application Form
- Authorization Release of Medical Information form
- Project Hired AbilityOne Medical Evaluation (signed by: MD, DO, or PHD)
- Medical Doctor's Formal Letter with Diagnosis(es), Signature, License #, Professional Stamp
- Resume

Application for Services

Personal Information

Last Name: _____ First Name: _____ Middle Initial: _____
Last Four Digits of Social Security Number: _____ Date of Birth: ____/____/____
Ethnicity/Race: Hispanic or Latino American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or Pacific Islander White Two or More races Decline Other _____
Gender: Male Female Decline Other: _____
Veteran: Yes No
Have you ever been convicted of a crime? Yes No If yes, explain: _____

Who referred you or how did you hear about Project HIRED? _____
 Prior Project HIRED Client? If yes, year of last participation: _____

Contact Information

Primary Phone: (____)____-____ Cell Home CRS
Secondary Phone: (____)____-____ Cell Home CRS
E-mail: _____
Address: _____ Suite/Apt: _____
City: _____ State: _____ Zip Code: _____

Emergency Contact Information

First Name: _____ Last Name: _____
Relationship: _____ Phone: (____)____-____
E-mail: _____

Education and Language

Primary Language: _____ Second Language: _____
Student Status: Currently Attending School
Education: G.E.D High School Diploma Some High School
College Degree: Associates Bachelors Masters Doctorate Some College Other
Major: _____
Certifications: _____

Transportation

Transportation: Car Public Transit Paratransit Bicycle Self-transportation Declined

Application for Services (Continued)

Disability Information

Dept. of Rehabilitation (DOR) Client: Yes No

DOR Counselor Name: _____ Phone: (_____) _____ - _____

Other Agency Name: _____

Counselor Name: _____ Phone: (_____) _____ - _____

Primary Disability Description: _____

Secondary Disability Description: _____

All accommodations Needed: _____

Work Restrictions: _____

Supplemental Income Sources

Current income or benefit amount: \$_____ per Week Month Year

Benefit Sources (check all that apply): SSI/SSDI Employment Insurance Workers Comp State Disability
General Assistance Employment

Desired Employment

Job Category: _____ Job Title: _____

Desired Pay: \$_____ per Hour Week Month Year Desired hours per week: _____

Second Job Category: _____ Job Title: _____

Desired Pay: \$_____ per Hour Week Month Year Desired hours per week: _____

Desired Shift (All that apply): Monday-Friday Weekends Days Swing Grave Any Shift

Desired Location (All that apply): South Bay Peninsula North Bay East Bay Any Location

Other Location _____

Desired Job Type: Permanent Temporary

Employment History

Currently Employed: Yes No Date your last job ended(MM/YY): ___/___ or Never Employed (skip ahead)

Last Job Title: _____ Company: _____

City: _____ State: _____ Start Date: ___/___/___ End Date: ___/___/___ or Current

Reason For Leaving: _____

I hereby verify that all information on this form is true and correct to the best of my knowledge.

Applicant Name:(please print): _____

Signature: _____ Date: _____

Authorization for Release of Information

Applicant: Please initial each item that you will provide and authorize Project HIRED to review to gain understanding of relevant information regarding your employment history and job search.

This form, and the information you provide to Project HIRED, is *STRICTLY CONFIDENTIAL*.

I hereby authorize the release to Project HIRED the following types of information pertaining to me:

Requested Information

Applicant's Initials:

- School _____
- Employment History _____
- Psychological Testing/Reports _____
- Psychiatric Evaluations _____
- Hospital & Medical Records Reports _____
- Department of Rehabilitation Records _____
- Other: (Please Specify) _____

Last 4 Digits of Social Security Number: _____ Date of Birth: ___/___/___

Applicant's Full Name (Please Print) _____

Signature: _____ Date: ___/___/___

This release is valid for one year. Please resubmit to Project HIRED after one year.

The individual listed above has applied to Project HIRED for job placement services and has signed this authorization for release of information. Project HIRED is a free employment service that assists people with disabilities in finding employment. There is no fee to the employer or applicants. We do not have the funds to pay doctor fees to obtain client health records. All information needs to be provided by the applicant. Please contact this office if you are unable to send records of if you have any questions regarding Project HIRED.

Please return completed form to Project HIRED along with relevant information.
The information contained herein is considered strictly private and confidential.

Instructions for Completing Verification of Disability for Job Seeker Services

Job Seeker: The following three pages are to be given to the physician completing the verification of disability

Dear Physician:

Project HIRED is a 501(c)(3) non-profit organization with a mission to assist individuals with disabilities to gain and to sustain employment. Founded in 1978, Project HIRED was created with the commitment to empower individuals with disabilities to become independent job seekers and to focus on ability. Project HIRED's AbilityOne Program, established by the Javits-Wagner-O'Day Act, provides employment opportunities for **Americans with significant disabilities.**

Your patient listed below is applying to become a Project HIRED AbilityOne candidate. We request your assistance in providing relevant information about your patient's disability as it relates to employment. **Project HIRE**D is required to have a verification of disability signed by a licensed medical doctor as well as a formal letter stating all diagnoses in order for the candidate to be considered for employment.

Please complete the following pages and return to Project HIRED to complete your patient's application

Your cooperation in completing these pages are important to the vocational planning for your patient and allows us to make the best fitting accommodations on the job.

Completed medical forms can be faxed to 408-343-7054.

For further questions please feel free to contact:

Konstantina Leventi

Career Counselor

Phone: 408-557-4318 | Fax: 408-343-7054

Email: konstantinal@projecthired.org | Web: www.projecthired.org

1401 Parkmoor Ave., Ste. 125 | San Jose, CA 95126

**Job seeker: please sign here and forward this and the following
four pages to your physician**

I, _____ give my permission to release medical and/or disability related information to
Project HIRED for the purposes of defining me as disabled to qualify for employment services.

Signature: _____ Date: _____

Project HIRED Verification of Disability for Job Seeker Services

Patient Name: _____ Patient Phone Number: (_____)_____-_____

It is our goal to assist your patient by providing him/her with employment, education, training, and opportunities for personal growth as an interim step in the rehabilitation process. He/she states that they have a documented disability that has prevented him/her from finding employment opportunities. Please complete this Form with as much detail as possible.

Please note that this form must be signed by a physician (M.D., D.O.) or psychologist

Work Related Limitations

Date of examination on which the medical information is based: _____

Date of next Evaluation to determine patient's continued work ability: _____

In terms of working for paid competitive employment, check what describes the patient's current health situation at this time:

- Patient can work with limitations and/or modifications at least 10 hours per week.
- The patient has at least one permanent significant disability.
- Patient is unable to work. (No need to continue completing form.)

Please indicate all of the patient's medical diagnoses that require work modifications and/or limitations:

Primary Diagnosis: _____

Secondary Diagnosis: _____

Other Diagnosis: _____

Additional accommodation information you may deem appropriate that relates to this patient's disability:

By Signing this Form I am certifying that the patient is able to work with limitations at least 10 hours per week.

Signature of Physician or Clinician

License Number

Printed Name

(_____)_____-_____
Phone

Address

Date

Verification of Disability for Job Placement Services (continued)

The following section is necessary for Project HIRED to better serve the applicant.

The information within will be used ONLY to establish qualifiers for AbilityOne, and to the applicant's disability as it relates to employment and necessary reasonable workplace accommodations.

Mobility

- Lifting Objects greater than ___lbs
- Sitting for more than 1 hour at a time
- Standing for more than one hour at a time
- Walking distanced greater than 50 feet
- Climbing 4 to 6 steps
- Environmental:
 - Extreme Cold
 - Extreme Heat
 - Fumes, odors, dusts
 - Loud noises
- Commuting:
 - Must travel with assistance/attendant

Driving an automobile

- Visual:
 - Spatial/perceptual relationships
 - Severe limitation of depth perception
 - Severe limitation in near acuity
 - Severe limitation in field of vision
- Other: _____

Communications

- Inability to acknowledge that information is understood
- Poor verbal Communication skills
- Difficulty asking for help
- Difficulty expressing when hurt, sick, or in pain
- Inability to follow simple written instructions
- Inability to follow simple verbal instructions
- Difficulty interacting with fellow employees
- Other: _____

Self Care

Eating/feeding

- Assistance with medical issues / administering medication
- Prone to self- injurious behaviors
- Inability to manage bodily functions
- Needs assistance / reminders/ prompting with personal hygiene and dressing appropriately
- Other: _____

Self-Directions

- Inability to make simple decisions
- Inability to cope with or solve problems
- Inability to remember sequence of tasks
- Easily influenced, taken advantage of
- Inability to understand boundaries
- Inability to self-motivate
- Inability to get work in on time
- Lack of organizational Skills
- Poor Judgement
- Inability to understand consequences
- Lack of initiative to move from one task to another
- Easily confused
- Inability to work without supervision
- Need for extensive prompting
- Other: _____

Work Skills

- Extensive job coaching needed to master the job
- Need extensive re-training
- Requires pictorial aids / references
- Inability to do multistep tasks
- Inability to perform tasks in correct sequence
- Other: _____

Work Tolerance

- Inability to physically or emotionally withstand a work week
- Excessive absenteeism / Poor attendance
- Frequent need for time off for therapy / appointments, hospitalizations
- Inability to tolerate distractions
- Frequent or long breaks needed
- Easily distracted
- Easily overwhelmed
- Inconsistent work performance
- Difficulty accepting constructive criticism
- Inability to focus
- Issues with stamina, fatigue
- Other: _____

Instructions for Completing the Diagnosis Documentation Letter

Dear Physician:

Project HIRED hires individuals with significant disabilities in the Veterans Affairs Call Centers as phone operators. **We are required to have medical documentation on file for all our employees.**

Per government guidelines the physician must submit a document that states the name of the candidate, all applicable diagnosis titles and describes the symptoms/ limitations or restrictions due to the diagnosis that would prohibit the candidate from finding competitive employment.

It is vital for this document to follow certain guidelines:

- The letter needs to be written in a document with your medical's office or medical's facility letterhead
- It needs to include the date that was created
- Your medical license's number and
- Your medical endorsement stamp

The following page has an example of a diagnosis letter for your reference.



Letter must be
on doctor's
letterhead

1401 Parkmoor Avenue
Suite 125
San Jose, CA 95126
Main Phone: 408-557-0880
Fax: 408-343-7054
frontdesk@projecthired.org

THE FOLLOWING IS FOR EXAMPLE ONLY

Date

Re: Patient Name

My patient [NAME] is diagnosed with the following:

My patient [NAME] has the following symptoms/ limitations or restrictions due to the diagnosis that would prohibit the candidate from finding competitive employment:

Signature of licensed medical doctor (MD, DO, or PHD acceptable)

Doctor's professional stamp with
license number must be included