

Client Services Application

You are applying for Project HIRED's Client Services Program!

Project HIRED assists individuals with disabilities to find and maintain meaningful employment. The program provides an array of employment services designed to promote self-sufficiency and independence, remove barriers, create opportunities and help job seekers create successful careers. If you are just entering the job force for the first time, transitioning to a new career or just exploring current trends and options Project HIRED can help you. All of our services are free to qualified candidates. Please fill out the attached forms to get started.

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/jobseekers

AbilityOne is a separate application process

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. This program requires a separate application process.

If you wish to apply to the Project HIRED AbilityOne Program please see the AbilityOne Program information page on our website: www.projecthired.org/abilityone.

*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.*

Client Services Application Process – Please Review!

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

Eligibility Criteria to qualify for services:

- Be 18 years or older
- Have a permanent disability verified by a licensed physician
- Be willing and able to conduct an independent job search and interview for integrated employment opportunities
- Attend an orientation session
- Be willing and able to attend Project HIRED's 10 mandatory job search skills classes
- Work with a Project HIRED personal career counselor and job matcher
- **Be open to new possibilities and growth!**

Intake Process:

- All applicants must attend an orientation to Project HIRED
 - Register online at: www.projecthired.org/jobseekers or by phone at: 408-557-0880
 - Advance registration is requested but not required
 - If you need accommodations, contact us at least (3) business days in advance
 - We are unable to provide interpreters at sessions
- Applicants are required to complete and return all documents to be considered

Required forms checklist:

- Application for Services form
- Orientation & Intake Services Checklist
- Authorization for Release of Information Form
- Verification of Disability for Job Placement Services Form (completed by a physician, pg. 8, 9 & 10)**
- Services Agreement
- Career Center and Electronics Agreement
- Media Release
- Current resume if available

Approval Process:

- Submit all paperwork to Career Counselor
- Career Counselor will review and schedule an intake appointment
- If you meet the qualifications, you will be approved for services
- You'll receive a status update letter within 10-business days of your intake

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 felony? 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: _____

Accommodation(s) 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.

Services Agreement

You are an important member of the team supporting your employment goals!

As a Project HIRED client you are expected to:

1. Meet with your Career Counselor at least once per month and provide them with an update
2. Take responsibility for the success of your job search and continue to look for work independently.
3. Respond to **email messages** and/or phone calls as quickly as possible to be considered for opportunities.
4. Understand that one-on-one time with your Career Counselor is limited; your discussions must be job search related.
5. Contact us immediately if you become employed and provide us with your complete employment information
6. Review and sign the consumer handbook acknowledgement
7. Contact Project HIRED within 10-days if your phone number or contact information changes

Funding for continued Project HIRED services depends on your success and you are helping to pave the way for others representing the disability community by sharing your success with us and our donors.

Please be responsible and help us maintain an effective level of services for all our clients:

1. Contact the front desk at 408-557-0880 if you are unable to attend a scheduled workshop, training sessions or other event. If you are no-show 3 times in a row, your services may be discontinued.
2. Contact us if you are having difficulty accessing services or having difficulty in your job search training activities
3. Make sure that potential employers can contact you. You should have a voice mail box with a professional message, valid and professionally named email address. Check messages frequently and reply promptly.
4. Due to confidentiality, do not enter offices or staff only areas unescorted or without permission. Please wait in the lobby for someone to escort you to your meeting area.
5. Project HIRED attire is business casual. Inappropriate attire such as shorts, and sweats are not allowed.
6. The Resource Center is to be used exclusively for job search activities. You must adhere to all posted rules to retain Resource Center privileges.
7. You agree to maintain the confidentiality of all Project HIRED applicants and adhere to all privacy and safety regulation guidelines. Violation of any part of this agreement may result in loss of part or all Project HIRED services
8. Check-in at the reception desk and sign-in and sign-out on the log sheet each time you come to the office
9. Children or other visitors are not permitted at Project HIRED. Children or relatives may not attend meetings with you unless they are a legally documented caretaker or interpreter and we have written consent

I agree to comply with this Project HIRED Services Agreement

Applicant Name:(please print): _____

Signature: _____ Date: _____

Media Release

I, the undersigned, do hereby grant **or** deny permission to Project to use my name and all **approved** images, videos, interviews and/or statements as marked by my selection below. Such use includes the display, distribution, publication, transmission or otherwise use of my photographs, videos, interviews and/or personal statements for use in materials that include but may not be limited to, printed materials, website and social media content, and grant applications.

I hereby **grant** Project HIRED to use my images, videos, interviews and/or statements for media and funding use

Exceptions: _____

I do **not** grant Project HIRED permission to use my information for media or funding use

Applicant Name:(please print): _____

Signature: _____ Date: _____

Instructions for Completing Verification of Disability for Job Seeker Services

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

Dear Physician:

Your patient listed below is applying to become a Project Hired client. **Project Hired is required to have a written verification of disability signed by a licensed physician on file before we can offer services to an individual.**

Project Hired is a 501(c)(3) non-profit organization with a mission to assist individuals with disabilities to gain and sustain employment. Project Hired assists individuals through an array of employment services designed to promote self-sufficiency and independence, remove barriers, create opportunities, and help job seekers build successful careers through free programs.

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

If you have concerns regarding the release of this information or prefer to release this information directly to a Project Hired staff member, please note that on the attached form and a program staff member will contact you to obtain the necessary information.

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

You may also contact us directly at: 408-557-0880 or frontdesk@projecthired.org

Thank you for your time.

Sincerely,

Project Hired

Job seeker: please sign here and forward this and the following two 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 is able to 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 not required by law but is **extremely helpful** for Project HIRED to better serve the job seeker. The information within will be used to determine necessary job accommodations for suitable employment.

Please check all areas for which the patient requires 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: _____