

Career Counseling, Information and Referral Documentation

Date _____

Name _____ 14(c) Employer _____

The definition of Career Counseling is: Career counseling includes job exploration and information regarding education, experience, interests, knowledge, skills and abilities for different jobs and matching the individual's unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.

The definition of Information & Referral is: Information and referral includes but is not limited to information about federal, state and local programs and other resources that offer services to help individuals with disabilities prepare for, secure, retain, advance in or regain competitive integrated employment.

Does the individual refuse to participate in the Career Counseling, Information and Referral services? Y N

If the answer is Yes, please indicate the reason(s) for refusal to participate: _____

If the answer is Yes, I understand that refusing to participate in the Career Counseling, Information and Referral services means that I will not be able to work in a job that pays a subminimum wage.

Documentation of Career Counseling, Information and Referral Services:

Was the individual provided Career Counseling, Information and Referral Services? Y N

After receiving Career Counseling, Information and Referral services, does the individual want to pursue employment in a competitive integrated setting? Y N

If the answer is No, please indicate the reason(s):

Reasons could include:

- | | |
|---|--|
| <input type="checkbox"/> Impact on Disability benefits | <input type="checkbox"/> Impact on caregivers |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Ex-offender |
| <input type="checkbox"/> Safety or vulnerability in community | <input type="checkbox"/> Unstable housing |
| <input type="checkbox"/> Lack of supports or resources | <input type="checkbox"/> Work history (history of terminations, bad experiences) |
| <input type="checkbox"/> Intermittent health crisis or needs | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Limited skills | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Limited experiences with work | |

Comments: _____

Provider of Career Counseling, Information and Referral Services:

Print Name Individual Signature Date

Name of Center for Independent Living _____

Information on person receiving Career Counseling, Information and Referral Services:

Print Name Individual Signature Date

Date and method the documentation was completed and given to the individual:

Date: _____

Method (e.g. hand-delivered, faxed, mailed, emailed, etc.): _____