

# EMPLOYMENT DATA FORM (Final version effective 6/30/02)

## DATA ON EMPLOYMENT OF INDIVIDUALS WHO RECEIVE DEVELOPMENTAL SERVICES IN THE NEW HAMPSHIRE

Survey to be completed by area agencies twice per year for 6 month periods covering January thru June & July thru December. All individuals within the system who have had paid employment during the six month period covered by the survey should be included.

Select Survey period: July 1 – December 31 Year \_\_\_\_ or January 1 – June 30 Year \_\_\_\_

1. Individual's name: Last name: \_\_\_\_\_ First name: \_\_\_\_\_
2. Date of birth: Month \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_
3. NH ID (client code): \_\_\_\_\_
4. Region: \_\_\_\_\_
5. Gender: Female: \_\_\_\_\_ Male: \_\_\_\_\_

6. Funding level: *This will be taken from Budgie. No need to complete.*

7. Medical/Physical/Behavioral challenges (that impact on a person's ability to work): Enter all that apply

- Blind
- Visual impairment
- Deaf
- Hearing impairment
- Does *not* use spoken language
- Speech impairment
- Uses wheelchair
- Uses walker/cane
- Significant hand use difficulty
- Significant behavioral challenge (includes substance abuse)
- Medical condition (includes epilepsy)
- Other: specify \_\_\_\_\_
- None

8. Cognitive challenge (medical diagnosis): Enter all that apply

- Borderline MR
- Mild MR
- Moderate MR
- Severe/Profound MR
- ABD
- PDD
- Autism
- Dually diagnosed (mental illness and developmental disability)
- Other: Specify \_\_\_\_\_

9. Language

English is his/her primary language:

- Yes
- No

*The above information constitutes the individual profile section that rarely changes. What follows is the employment survey data that must be updated every 6 months. Please complete this section with all the information related to any paid employment during the previous six months. If the individual worked at more than one job during this period, include a separate survey section for each job.*

# Employment Data Form

Survey to be completed by Area Agencies twice per year for 6 month periods covering Jan thru June July thru December. All individuals within the system who have had paid employment during the six month period covered by the survey should be included.

This completed Survey is for the Period from July 1 - December 30, 2007

Revised Survey for the Period from January 1 - June 30, 2008

This Survey is for:

DUCK:

Region

10. Employment Services Provider

- Area Agency
- Provider Agency (specify) \_\_\_\_\_
- Other (includes "none") Specify \_\_\_\_\_

11. Employed At: Enter one

- Business: (Name) \_\_\_\_\_ Street: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_
- Self Employed

12. Hire Date

13. Termination Date

- NA Still Employed, includes seasonal/casual employment that stops but no termination involved

14. Reason for Leaving Job: Enter one

- N.A. Still Employed
- Chose to Leave
- Laid off (Job eliminated)
- Seasonal employment
- Medical Reasons
- Involuntary termination (fired)
- Other. Specify: \_\_\_\_\_

15. Work Environment: Enter one

- Individual (works alone on the job or with co-workers who do not receive developmental services)
- Job Share (two people who receive developmental services sharing the job)
- Enclave (more than two working together)
- Mobile work crew
- Self-employed
- Owns business with others (e.g. with guardian)
- Sheltered workshop See Note 1
- Other specify: \_\_\_\_\_

## Employment Data Form

16. **Type of Work Performed: Enter one**
- Clerical
  - Grocery Merchandizing (stocking shelves, loading, etc.)
  - Grocery Customer Service (cashier, bagging, etc.)
  - Retail store: merchandizing (stocking shelves, hanging clothes, etc.)
  - Retail store: customer service (cashier, carry out, etc.)
  - Janitorial work in any setting (cleaning: includes washing dishes, floors, etc.)
  - Restaurant: kitchen (cooking, food prep, etc. Not janitorial)
  - Restaurant: customer service (hosting, waiting tables, cashier)
  - Factory work (includes packaging, assembling, etc.)
  - Landscaping
  - Artistic work
  - Farm
  - Other specify: \_\_\_\_\_
17. **Average number of hours worked per week: See Note 2**
- NA for Self-Employed or Consignment work
18. **Average number of hours per week that there is no paid support: 0**
19. **Hours restricted due to individual/family concerns about losing benefits: Enter one**
- Yes
  - No
  - Not known
20. **Hours restricted due to transportation problems: Enter one**
- Yes Specify (e.g. no vehicle, too costly, no one to drive): \_
  - No
21. **Pay per hour (average if varies):**
- NA for Self-employed or consignment work
22. **Benefits (employee benefits individual gets on the job) Enter all that apply**
- Medical Insurance
  - Dental Insurance
  - Vacation/sick leave
  - Pension
  - None of the above
23. **Payment Method**
- Paid by Area Agency or Provider Agency
  - Paid by Employer
  - Self-employed

## Employment Data Form

24. Funding for employer (Does the employer receive money for employing this individual?) Enter all that apply
- No
  - Yes, through grant
  - Yes, from area agency or provider agency
  - Yes, tax credit for this time period
  - Yes, other (specify): \_\_\_\_\_
25. Does this individual make use of work incentives (ERWES, PASS, MEAD)? Enter one
- Yes
  - No
  - Not Known
26. Vocational rehabilitation funding (See Note 3)
27. Assistive technology Enter all that apply
- No adaptations needed
  - Adapted by employer
  - Adapted by Area Agency/Provider Agency
  - Adapted by individual/family
  - Adaptations or more needed to increase independence
28. Transportation to and from work. Enter all that apply
- Self (drive, bike, scooter, or walk)
  - Public transportation (bus, taxi)
  - Co-worker, car pool
  - Family
  - Neighbor/friend
  - Day services staff
  - Residential staff/home provider
  - N/A Works at home
  - Other. Specify: \_\_\_\_\_
29. Space for additional comments, to include information about obstacles overcome, innovative practices, etc. (In 255 characters or fewer)

### Notes

1. Outside contract work done at the area agency or provider agency. Could involve one or more individuals
2. avg # of hours scheduled to work during work period; e.g., if seasonal employment, for weeks worked
3. VR funding received for individual during the past six months) Specify number of months from 0 through 6: (0 = none- No decimals.)