

**Person Making Referral**

Contact Person:

\_\_\_\_\_  
First Name                                      Last Name                                      (Agency)

Is the person needing assistance same as applicant?  YES  NO

If no, contact's home phone number: \_\_\_\_\_

Are there any special instructions for contacting client?  YES  NO

If yes, please elaborate here:

\_\_\_\_\_

How did you hear about Asperger Works?

\_\_\_\_\_

**Client Information**

\_\_\_\_\_  
First Name                                      Middle Initial                                      Last Name

Date of Birth: \_\_\_\_\_

Phone/Mobile Number: \_\_\_\_\_

Address:

\_\_\_\_\_  
Street Address                                      Apt. # / Floor / Suite #

\_\_\_\_\_  
City                                      State                                      Zip Code

Any disability beside Asperger's Syndrome?  YES  NO

If yes, please provide more information here:

\_\_\_\_\_

Preferred Language: \_\_\_\_\_

**Reason for Contact**

Need Assistance With \_\_\_\_\_

Reference Date: \_\_\_\_\_

CLIENT PROFILE INTAKE

DATE OF INTAKE: \_\_\_\_\_ STAFF NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_ OTHER: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ GENDER:  Male  Female VETERAN  Yes  No

SOC. SEC. NO. \_\_\_\_\_ SPECIAL CONSIDERATION: \_\_\_\_\_

E-MAIL: \_\_\_\_\_  
(Specify special consideration for communication)

**ETHNICITY**

- African American
- Native American/Alaska Native
- Other \_\_\_\_\_
- Asian
- Native Hawaiian or Pacific Islander
- Not given
- Hispanic/Latino
- White/Caucasian

**LANGUAGE FOR WRITTEN MATERIAL**

- English
- Spanish
- Both
- Other \_\_\_\_\_

**CLIENT ELIGIBILITY VERIFICATION**

Significant Disability/Sensory Impairment have been verified:  Yes  No

Functional limitation(s) to independence has been verified:  Yes  No

There is adequate indication that the client will benefit from participation in services  Yes  No

How client eligibility was determined: (Check all that apply)

- OBSERVATION \_\_\_\_\_
- SELF-DISCLOSURE \_\_\_\_\_
- SSI/DI STUB/MASS HEALTH \_\_\_\_\_
- OTHER \_\_\_\_\_

Client is eligible for services: \_\_\_\_\_

STAFF SIGNATURE

DATE

Client is NOT eligible for services

**DISABILITY**

PRI	ALL		PRI	ALL	
		ALS			Heart Disease
		Amputation			HIV/AIDS
		Arthritis			Late Deafness
		Autism/Asperger's Syndrome			LD/ADD/ADHD
		Blindness			Lupus
		C.P.			M.D.
		Cancer			M.R/Developmental
		Chemical Dependency			M.S.
		Chronic Fatigue Syndrome			Oral Deafness
		COPD			Orthopedic
		Deaf			Other - Cognitive
		Degenerative Disease			Other - Neurological
		Diabetes			Other - Physical
		Down Syndrome			Other - Sensory
		Dyscalculia			Parkinson's Disease
		Dysgraphia			Polio
		Dyslexia			SCI
		Environmental Sensitivity			Speech Impairment
		Epilepsy			Spina Bifida
		Fibromyalgia			Stroke
		Friedrich's Ataxia			TBI – Cognitive
		Hard of Hearing			Visual Impairment

Other not listed above \_\_\_\_\_

Date of onset of primary disability \_\_\_\_\_

**REASON FOR SEEKING SERVICES**

Please check all that apply

- CA \_\_\_\_\_ Communication Assist.    EM \_\_\_\_\_ Employment    SH \_\_\_\_\_ Self-help/Personal Growth  
 CL \_\_\_\_\_ Consumer/Legal Rights    ME \_\_\_\_\_ Employment Maintenance    OT \_\_\_\_\_ Other  
 ET \_\_\_\_\_ Education/Training

SPECIFIC SITUATION OR NEED: (Detailed reason for seeking services)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EDUCATION**

- \_\_\_\_\_ 6<sup>th</sup> Grade and below
- \_\_\_\_\_ 9<sup>th</sup> Grade
- \_\_\_\_\_ 11<sup>th</sup> Grade
- \_\_\_\_\_ High School
- \_\_\_\_\_ Special Education
- \_\_\_\_\_ Some College
- \_\_\_\_\_ Associate Degree
- \_\_\_\_\_ Bachelor’s Degree
- \_\_\_\_\_ Trade School
- \_\_\_\_\_ Graduate School

**EMPLOYMENT**

EMPLOYED

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INCOME**

Source	Amount	Frequency (Weekly, Bi-weekly, Monthly, Annual)
SSDI		
SS Retirement		
SSI		
Unemployment Compensation		
EAEDC		
Employment		
Other		

**NON-CASH BENEFITS**

Source	Amount	Frequency (Weekly, Bi-weekly, Monthly, Annual)
Food Stamps		
Fuel Assistance		
Other		

**COMMUNICATION AIDS/METHODS**

- \_\_\_\_\_ Communication Board
- \_\_\_\_\_ TTY/TDD/Telebrailler
- \_\_\_\_\_ Hearing Aids
- \_\_\_\_\_ Assistive Listening Device
- \_\_\_\_\_ Interpreter
- \_\_\_\_\_ Computer-Assisted Communication
- \_\_\_\_\_ Hearing Dog

**TRANSPORTATION**

- \_\_\_\_\_ Own Transportation – Driver
- \_\_\_\_\_ Own Transportation – Drives self
- \_\_\_\_\_ Para-transit
- \_\_\_\_\_ Public Transportation w/o Assistance
- \_\_\_\_\_ Public Transportation with Assistance
- \_\_\_\_\_ Drive by others, their vehicles

**EMERGENCY CONTACT**

In case of emergency, contact \_\_\_\_\_

First Name Middle Initial Last Name

Street Address City State Zip Code

Phone Mobile

Relationship

**PHYSICIAN**

Primary Physician: \_\_\_\_\_

First Name Middle Initial Last Name

Street Address City State Zip Code

Phone TTY/TDD

Other: \_\_\_\_\_

First Name Middle Initial Last Name

Street Address City State Zip Code

Phone TTY/TDD

**OTHER COMMENTS**

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**OTHER ASSOCIATED PEOPLE**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE/MOBILE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE/MOBILE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE/MOBILE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE/MOBILE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

## AUTHORIZATION FOR RELEASE OF INFORMATION

Client's Name: \_\_\_\_\_

Address:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

I hereby authorize Asperger Works, Inc. (AWorks) to release and receive my individually identifiable medical or personal information for the strict purpose of assisting me in the achievement of the Goals as stated in my Asperger Works Service Plan (AWSP), or as authorized in other written or verbal documented communication with Asperger Works, Inc. staff members.

Client or Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I authorize AWorks to release my information to any individual or agency as appropriate.

This release of information is valid for the duration of my time as an active client with Asperger Works, Inc. unless otherwise voided by a written request.

If you wish to have AWorks share information ONLY with a specific individual or agency, please check the appropriate box below:

- |   |  |
|---|--|
| <input type="checkbox"/> Social Security Administration<br><input type="checkbox"/> MCDHH<br><input type="checkbox"/> NILP<br><input type="checkbox"/> Hospital Staff<br><input type="checkbox"/> Home Health Care Agency<br><input type="checkbox"/> PCA | <input type="checkbox"/> MRC<br><input type="checkbox"/> DMH<br><input type="checkbox"/> Health Insurance Provider<br><input type="checkbox"/> Medical Professional<br><input type="checkbox"/> Individual _____<br><input type="checkbox"/> Other _____ |
|---|--|

60 Island Street, Suite 238  
Lawrence, MA 01840  
Visit us on the Web at <https://aspergerworks.org>

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**NOTICE OF PRIVACY PRACTICES**

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This notice describes how health and/or employment information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.  
The privacy of your health insurance is important to us.

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**OUR LEGAL DUTY**

We are required by applicable Federal and State law to maintain the privacy of your health information. We are also required to give you the Notice about our privacy practices, our legal duties, and your right concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect 1/01/17 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make any significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

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**ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

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**\*You may refuse to sign this acknowledgement\***

I, \_\_\_\_\_, have received a copy of  
Asperger Works' Notice of Privacy Practices.

\_\_\_\_\_  
Please print your name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but  
acknowledgement could not be obtained because:

\_\_\_\_\_ Individual refused to sign

\_\_\_\_\_ Communication barriers prohibited obtaining the acknowledgement

\_\_\_\_\_ An emergency situation prevented us from obtaining acknowledgement

\_\_\_\_\_ Other (Please specify):  
\_\_\_\_\_  
\_\_\_\_\_

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**Abuse or Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence, or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert serious threat to your health or safety or the health or safety of others.

**National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized Federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution of law enforcement officials having lawful custody of protected health information of inmate or client under certain circumstances.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, emails, or letters).

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## CLIENT RIGHTS

**Access:** You have the right to look at or get copies of your health information with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your health information by using the contact information listed at the end of this Notice.

**Restrictions:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

**Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means.

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## JOB READINESS ASSESSMENT AND GUIDE FOR JOB SEARCH

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Job Developer \_\_\_\_\_

### Career Awareness

1. Do you want to work? Yes  No

If yes, why do you want to work?

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2. Do you know what job you want to do? Yes  No  Not Sure

If yes, list 3 possible titles or fields you are interested in:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Have you ever worked in any of those jobs in the past 3 years? Yes  No

3. List your top 5 strengths/skills

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_

4. What is your ideal job?

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5. What are your barriers to employment?

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6. Are you actively looking for employment? Yes  No   
If yes, what have you been doing to find employment?

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If no, why not?

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7. How motivated are you to find employment? (1-not motivated to 10-want a job today!)  
1  2  3  4  5  6  7  8  9  10

### Career Preferences (check all that apply)

8. Please list cities or towns that you prefer to work in:

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9. Desires to work in hours/week: 5-10  10-20  20-30  30+

10. Shift preference: 1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>

11. Work environment: Indoors  Outdoors  Combination of both

12. Work Place: Busy  Moderate  Slow

13. Work Variety: Repetitious Tasks  Varied work tasks

14. Prefers to work: On a team  Alone  Combination of both

15. Lifting demands in lbs: Less than 10  10-30  30-50  50+

16. Physical stamina for continuous work in hours: Less than 3  3-5  5-7  8+

17. Physical demands: Little physical activity  A lot of physical activity

18. Please list any physical, emotional, or cognitive limitations that would be a barrier to stamina, environment, or physical demands: Physical restrictions, allergies, fatigue

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## Education History

19. Highest level of education

No formal education

Some High School

Vocational Training/Trade School

College Certificate

Bachelor's Degree

Doctorate

Completed Elementary School

Graduated High School/received GED

Some College

Associate's Degree

Master's Degree

List schools attended and skills learned

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## Work History

20. Please list your employment history with most recent first

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor \_\_\_\_\_ Pay \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Reasons for Leaving: \_\_\_\_\_

Job duties:

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Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor \_\_\_\_\_ Pay \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Reasons for Leaving: \_\_\_\_\_

Job duties:

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Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor \_\_\_\_\_ Pay \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Reasons for Leaving: \_\_\_\_\_

Job duties:

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21. List other employment, skills, community service, certifications or volunteer experiences

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22. Please explain gaps in employment:

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23. Have you ever been fired? Yes  No   
If yes, please explain:

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24. Do you need practice with interviewing? Yes  No   
Would you like to have a mock interview? Yes  No

## Technology Skills

25. Can you use a computer? Yes  No

26. Can you touch type? Yes  No   
Typing speed: \_\_\_\_\_ wpm

27. Check all computer programs/software that you are proficient and highly skilled in using:

Apple <input type="checkbox"/>	Windows <input type="checkbox"/>	Microsoft Word <input type="checkbox"/>
Microsoft Excel <input type="checkbox"/>	PowerPoint <input type="checkbox"/>	Publisher <input type="checkbox"/>
Outlook <input type="checkbox"/>	Access <input type="checkbox"/>	QuickBooks <input type="checkbox"/>
Internet Explorer <input type="checkbox"/>	Other Browsers (Please list)	

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Facebook <input type="checkbox"/>	LinkedIn <input type="checkbox"/>	Twitter <input type="checkbox"/>
Other Social Media (Please list)		

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Other Computer Programs/Software:

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28. Do you know how social media can affect your job search? Yes  No

## Employment-related Profile

29. How will you get to work? \_\_\_\_\_

30. Are you eligible to work in the U.S.? Yes  No

If no, please explain: \_\_\_\_\_

31. Can you produce documents needed for employment? (ie Birth certificate, passport, state ID, social security card, work permit) Yes  No

32. Are you a veteran? Yes  No

If yes, what branch? \_\_\_\_\_ Dates of service: \_\_\_\_\_ to \_\_\_\_\_

If yes, are you connected with the local VA? Yes  No

If no, would you like to be? Yes  No

Special skills learned in military: \_\_\_\_\_

33. Can you pass a CORI and SORI Yes  No

If no, please explain: \_\_\_\_\_

34. Can you pass a drug test? Yes  No

35. Can you fill out a job application both online and on paper? Yes  No

Would you like help with applications? Yes  No

36. Do you have a resume? Yes  No  Yes, but it needs to be updated

37. Do you have 4 professional references including phone numbers, addresses, and emails?

Yes  No

If yes, do those references know you are looking for work? Yes  No

38. Do you know 5 people who can assist you in your job search? Yes  No

If yes, who?

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_

39. Do you know how to access job postings? Yes  No

40. Do you have an interview outfit? Yes  No

41. Are there any other things or concerns that would affect your search? Please explain.

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42. Please summarize all aspects of job search that you would like help with:  
(Refer to previous questions)

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43. Evaluator's comments or impressions:

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