

UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND
REHABILITATIVE SERVICES
REHABILITATION SERVICES ADMINISTRATION
WASHINGTON, DC 20202

INFORMATION MEMORANDUM
RSA-IM-05-05
DATE: January 21, 2005

ADDRESSEES: PROJECTS WITH INDUSTRY GRANTEES
INTER-NATIONAL ASSOCIATION OF BUSINESS, INDUSTRY AND
REHABILITATION (I-NABIR)
RSA SENIOR MANAGEMENT TEAM
CSAVR

SUBJECT: Dissemination of information regarding data collection for Projects With
Industry (PWI) Grantees

CONTENT: The purpose of this Information Memorandum (IM) is to provide
information about the availability of certain data collection instruments.
Attached to this IM is a sample intake form developed and used by a
currently-funded Projects with Industry (PWI) grantee. In addition, this IM
includes contact information regarding an on-line database system. The
Department hopes this information will be helpful in highlighting the
various data collection instruments that might be available.

The purpose of the PWI program is to create and expand job and career
opportunities for individuals with disabilities in the competitive labor
market by engaging the talent and leadership of private industry as partners
in the rehabilitation process. Section 611(f)(2) of the Rehabilitation Act of
1973, as amended (Act), and 34 CFR 379.54 of its implementing regulations
require grantees to report data demonstrating that they have satisfied the
program performance standards and indicators. Therefore, accurate
program data collection and reporting are essential for the Department to
determine whether a program is in compliance.

The Department recently reviewed several intake forms and data collection
instruments currently being used by grantees. The attached intake form,
developed by the University of Wisconsin–Stout, is one of the many intake
forms used by PWI grantees and could serve as a model instrument for those
PWI programs interested in using it as such. The instrument has been
slightly modified by Department staff for national dissemination. This
intake form can be altered to meet the specific needs of your program.

During our review, we also learned about a PWI on-line database system developed by the Peninsula PWI (Jefferson Mental Health Services) in collaboration with First Raven Systems. For more information about this on-line database, please contact First Raven Systems at (360) 379-3204 or pwi@FirstRaven.com.

If you have any questions regarding this IM, please contact Kerrie Brown at (202) 245-7281 or via e-mail at kerrie.brown@ed.gov.

Joanne Wilson
Commissioner

Attachment

**Projects With Industry
Stout Vocational Rehabilitation Institute
University of Wisconsin-Stout**

INITIAL INTAKE FORM/APPLICATION

Date _____ Social Security Number _____ - _____ - _____

Name _____ Home Phone _____ Work
Phone _____
 LAST FIRST

Address _____

City _____ State _____ ZIP _____ County _____

Individual (other than a spouse) who will know how we might contact you _____
Phone (With Area Code) _____

The following voluntary information will be used in cumulative form to respond to federal reporting requirements:

Date of Birth _____ Age _____ Male
 Female

Racial/Ethnic Heritage:

- African American/Black Native American Asian Hispanic
 White

FINANCIAL INFORMATION (Please indicate if you receive any of the following)

YES NO Monthly Amount Received For How Long?

	<u>YES</u>	<u>NO</u>	<u>Monthly Amount Received</u>	<u>For How Long?</u>
Unemployment Compensation	<input type="checkbox"/>	<input type="checkbox"/>		
Earned Income	<input type="checkbox"/>	<input type="checkbox"/>		
Supplemental Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>		
Social Security Disability Insurance (SSDI)	<input type="checkbox"/>	<input type="checkbox"/>		
Pension	<input type="checkbox"/>	<input type="checkbox"/>		
Veteran's Benefits	<input type="checkbox"/>	<input type="checkbox"/>		
Worker's Compensation	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>		

Totals _____

EDUCATION

Highest Grade Completed (Circle One) 6 7 8 9 10 11 12 13 14 15 16
17 18

Do you have a High School Diploma? NO YES Name of High School _____
Year Received _____

Do you have a GED equivalency? NO YES Year Received _____

Additional Education:

	<u>Name of School</u>	<u>Location</u>	<u>Degree</u>	<u>Date Received</u>
Vocational/Technical				
College				
Special Training				
Other				

MILITARY SERVICE

NO YES Branch _____ Rank _____
Type of Discharge _____ Active Dates _____
Duties Performed _____
Active in Guards or Reserves? NO YES

PHYSICAL/VOCATIONAL LIMITATIONS (Check any of the following that may cause problems on the job)

Standing Bending Lifting Sitting Hearing Vision

Additional Limitations _____

Restrictions _____

Do you have a driver's license? NO YES Restrictions _____

Do you have a Commercial Driver's License? NO YES Endorsements _____

Types of transportation used: Bus Car Pool Private Vehicle
Other _____

Hours you can work: Full Time Part Time 1st Shift 2nd
Shift 3rd Shift

Medications that you are currently taking _____

EMPLOYMENT HISTORY (Starting with your most recent employment)

Employer's Name and Address:	Start Date:	Position(s) Held:
	End Date:	
	Duties:	
	Wage per Hour:	Hours per Week:
Supervisor:	Type of Business:	
If manufacturer, list type of product(s) made:		
Machines/Equipment/Computer Programs Used:		
Reason for Leaving:		

Employer's Name and Address:	Start Date:	Position(s) Held:
	End Date:	
	Duties:	
	Wage per Hour:	Hours per Week:
Supervisor:	Type of Business:	
If manufacturer, list type of product(s) made:		
Machines/Equipment/Computer Programs Used:		
Reason for Leaving:		

Employer's Name and Address:	Start Date:	Position(s) Held:
	End Date:	
	Duties:	
	Wage per Hour:	Hours per Week:
Supervisor:	Type of Business:	
If manufacturer, list type of product(s) made:		
Machines/Equipment/Computer Programs Used:		
Reason for Leaving:		

Employer's Name and Address:	Start Date:	Position(s) Held:
	End Date:	
	Duties:	

	Wage per Hour:	Hours per Week:
Supervisor:	Type of Business:	
If manufacturer, list type of product(s) made:		
Machines/Equipment/Computer Programs Used:		
Reason for Leaving:		

Which previous job did you like best? _____

Why? _____

Additional skills that you possess or licenses held: _____

DESIRED EMPLOYMENT

What type of job would you like to be hired for? _____

Starting salary desired: _____

How many miles (round trip) are you willing to travel to get to your job? _____

Are you willing to relocate? NO YES

If you answered YES, which areas would you consider? _____

Signature _____ Date _____

FOR OFFICE USE ONLY—TO BE FILLED OUT BY PLACEMENT SPECIALIST

Name: _____

Social Security #: _____

Monthly Subsidy Total: _____

Education:

- 1. Dropout (Highest Grade _____)
- 2. GED

- 3. High School Graduate
- 4. Vocational/Technical Graduate
(Degree _____)
- 5. College Graduate
(Degree _____)
- 6. Other Training/Certifications/Classes Taken
(_____)

Military Service: YES NO

Willing to Work: (Check All That Apply)

- Full Time
- Part Time
- 1st Shift
- 2nd Shift
- 3rd Shift

Does Consumer Have a Driver's License?

YES NO

Type of Transportation Used: _____

Is Consumer Willing to Relocate? YES NO

(Relocate to _____)

Disability: _____

Disability Code(s): _____

Disability Severe? YES NO

Presently Employed?

YES Wage/Hour Received: _____

Hours Per Week: _____

NO Last Date of Employment: _____

Unemployed 6 Months or More at Date of Entry?

YES NO

Desired Employment: (DOT Code & Title)

_____ - _____

_____ - _____

Target Groups: (Check All That Apply)

- 1. Female
- 2. Minority
- 3. Disabled
- 4. Older Worker (Over 55)
- 5. Youth (21 or Under)
- 6. Wage and Tax Statement (W-2) Recipient
- 7. Supplemental Security Income Recipient
- 8. Social Security Disability Insurance Recipient
- 9. Dropout

Date Referred: _____

Referred From:

- 1. DVR
- 2. Human Services
- 3. Corrections
- 4. One Stop Employment and Training Center
- 5. Insurance Company
- 6. Employer
- 7. Veteran's Administration
- 8. Other _____

DVR Counselor: _____

Date Enrolled: _____

Program(s) Enrolled In: (Check All That Apply)

- 1. PWI Grant
- 2. OJT (On-the-Job Training)
- 3. OJA (On-the-Job Assessment)
- 4. Work Experience
- 5. Job Seeking Skills Class
- 6. Career Advancement
- 6. PWI-DVR Contract
- 7. PWI-VA Contract

Placement Specialist: _____