

COVID-19 EMPLOYMENT ASSESSMENT

Name of Individual served:

Date

Does the individual wish to work OR return to work?

YES

NO

What type of business (job) will individual be returning?

Retail

Food Service

Manufacturing

Hotel/Lodging

Hospital

Stocking

Other (describe):

Is the individual medically compromised? Yes No

Should physician be contacted to address health and safety concerns with returning to work? Yes No

If yes, who will make contact and obtain necessary medical assessment/recommendation?

Individual/Family/Guardian

Service Provider

What is current living situation? ___ Own residence ___ Group Home ___ Family ___ Other

How will individual get to and from work?

Public Transportation

Agency van/car

Uber/taxi

Private/Personal car/family

Other (describe):

If public transportation or agency van/car is utilized, have safety measures been addressed, i.e. social distancing, sanitizing, etc.? Yes No

Who will provide training and/or supports on use of public transportation and/or agency transportation as it related to social distancing, sanitizing, etc.?

Will the employment/job require adherence to CDC safety practices, i.e. Social Distancing, use of PPE, etc.?

Yes No

If PPE isn't required, has the individual and/or family been counseled regarding the potential risks of not following CDC guidelines and utilizing PPE? Yes No

Please note who will provide the counseling:

If PPE is required, who is responsible for providing PPE to use while on the job?

Employer

Individual/Family

Service Provider

Please note plan for addressing a PPE shortage:

Will individual receive job coaching and other employment supports when returning to work to ensure acceptable job performance/production, etc. as well as use of PPE? Yes No

Has your agency utilized alternative/technology-based strategies for providing remote employment supports and might this be an option with employer if necessary? Yes No

If utilized, please list potential remote services that might be considered:

Will there be natural supports available at the worksite to assist individual with job performance and continued utilization of PPE? Yes No

If job is located in a public setting, will patrons be required to utilize PPE and observe other CDC recommendations for the safety and wellbeing of individual returning to work? Yes No

If no, is the employer willing to consider assigning individual to a work area that will require less contact with general public patronizing the business for better health and safety? Yes No

To ensure appropriate social distancing for better safety, will the employer consider flexibility, i.e. staggering start time, early shifts vs. late shifts, etc. if necessary? Yes No

NOTE: This might be considered a reasonable accommodation for individual with compromised health issues, if so, Medical Documentation may be needed.

Who will provide supports to individual if needed to address any safety or other return to work concerns with employer? Family/Guardian Service Provider Support Coordinator
 Other (describe):

If individual was furloughed or laid off and received unemployment compensation, who will contact Unemployment Compensation Center to stop benefits due to return to work?

Who will contact CWIC-Community Work Incentive Coordinator to update the benefits planning summary to ensure benefits are adjusted appropriately when returning to work?
 Individual/Family Service Provider Support Coordinator
 Other (describe):

If the individual decides not to return to previous job or the job is no longer available, will individual seek additional employment services via VR, Waiver Job Supports, etc. or choose other day services through Person Centered Planning process?
 Additional Employment Services Other Day Services

Individual desires or would benefit from these NEW Learning Opportunities as a result of this assessment:

NEED/FOCUS AREA	ACTION STEP	TARGET DATE	PERSON(S) RESPONSIBLE

OTHER TEAM RECOMMENDATIONS:

The following individuals participated in the POST-COVID-19 Person-Centered Planning Discussion and the Return to Work Assessment:

Name	Relationship

Form Completed By: