



Questions to Guide the Barriers & Assets Identification Process

"If you were offered a job tomorrow, would you be ready to start?"

What would make it easier for you to go to work?

What makes it difficult for you to work or go to work?

Transportation

- ▶ Explain how you see your transportation situation as a barrier and/or an asset to employment.
- ▶ What are your concerns, if any, about driving?
- ▶ What current transportation are you using (public, private)?
- ▶ If you use public transportation, is it...?
 - Main line bus system?
 - Paratransit?
- ▶ Do you own your own vehicle (mileage, year, condition, reliability)?
- ▶ How reliable is your transportation?
- ▶ Does someone else drive you?
- ▶ What modifications/adaptations are necessary for you to drive independently?
- ▶ Do you have a valid driver's license?
- ▶ How recently have you driven?
- ▶ Are there limitations on your driving, such as:
 - Distance
 - Time of day (day/night)
 - Highway or city driving

- ▶ What other resources or support do you have for transportation?

Personal Care or Supported Living

- ▶ Explain how your personal/attendant care situation is a barrier and/or an asset.
- ▶ Do you need assistance with daily living activities? (What type of support and frequency, such as: dressing, cooking, eating, cleaning, grocery shopping, handling paperwork, or telephone calls?)
- ▶ Who provides personal assistance or chore service (home and community based Medicaid waivers, other, wait list)?
- ▶ How reliable are your providers?
 - What times of day do you use their services?
 - How early or late are they available to you?
- ▶ Do you have additional needs that are not being met?
- ▶ Would you need personal assistance at work? (List type and frequency of support)
- ▶ Estimate how long it takes you to prepare for the day and prepare for bed at night.
- ▶ What activities are most time-consuming and/or exhausting?

Benefits (Benefits Specialist will collect and write up this information)

- ▶ Are you aware of, and have you used, the work incentives available through the Social Security Administration? If so, which ones? (Such as PASS Plan, 1619(b), IRWE)
- ▶ What is your working relationship with an SSA Claims Representative in your local office?
- ▶ Do you understand the impact that working will have on your benefits?
- ▶ Do you have any fears about the loss or change of benefits when going to work? What are your fears?
- ▶ Is loss or change in benefits a barrier to employment?

Education or Training

- ▶ Explain how you view your current education and/or training as a barrier and/or asset to your

employment goal.

- ▶ What additional training or education do you need in order to accomplish your employment goal?
- ▶ Explain previous educational or training experience that may or may not apply to your employment goal (degree, dates, location, description of program).
- ▶ What is your computer experience?
- ▶ Do you have access to a computer?
- ▶ Have you considered learning new skills? Examples:

Work Experience

- ▶ Explain how you see your work experience as a barrier and/or asset to your employment goal.
- ▶ What is your employment goal?
- ▶ Explain your previous work experience, paid, unpaid, volunteer, internships, etc... (job title, employer, dates, salary, job responsibilities, likes and dislikes).
- ▶ What skills from previous work experience, paid and unpaid, do you feel are transferable and will prepare you for your employment goal?
- ▶ What skills do you feel you need to be marketable in your occupation of choice?
- ▶ Based on your employment goal, describe your understanding of the following:
 - The current labor market?
 - Types of jobs that are available within a chosen industry?
 - The pay scale?
 - The qualifications for those jobs?
 - The qualifications other applicants have?
- ▶ Describe your knowledge or experience of how to conduct a job search.
 - Interviewing?
 - Resume writing?
 - What employers are looking for?
 - Your rights under the Americans with Disabilities Act?
- ▶ Would short-term employment help you achieve your goal? What type of work would you consider?
- ▶ Are you interested in working part-time, full-time?

- ▶ What type of work environment would work best for you?

Health

- ▶ Explain how you view your health as a barrier and/or asset to employment.
- ▶ Describe your general health.
- ▶ What are your biggest health issues?
- ▶ Describe your physical, emotional, and/or cognitive limitations.
- ▶ Will frequent hospitalizations or exacerbations pose a barrier?
- ▶ Have you discussed employment with your physician or health team?
- ▶ Do you have any work restrictions from your physician? Please describe.
- ▶ Are you satisfied with your health care team?
- ▶ How frequently do you see a physician, therapist, or other health practitioner? Describe that contact (purpose, etc.)
- ▶ Would your medication schedule or side effects of medication pose a barrier to employment?
- ▶ How would these issues affect your ability to work or go to school? (Include all the health issues discussed.)

Equipment Needs - Rehab Technology

- ▶ Explain how you see adaptive technology as a barrier or an asset to your employment goal.
- ▶ What adaptive equipment or rehab technology do you require to make an environment accessible or to be more independent? E.g., ramp, roll-in shower, automatic door openers, hands-free telephone, voice-activated computer software, adjustable furniture.
 - At home?
 - At work?
- ▶ Have you had a rehabilitation technology assessment performed in the past? If yes, what was recommended?
- ▶ Do you use adaptive equipment or software for other purposes, such as communication? Describe.

Communication

- ▶ Explain how you see this as a barrier and/or asset to your employment goal.
- ▶ Will communication affect your ability to work?
- ▶ Has a communication assessment been performed (date, location and contact)?
- ▶ Do you have access to email? (Email address)
- ▶ Do you need or have an accessible telephone service, e.g., relay service or hands-free phone?

Support Systems

- ▶ Explain how you see your support system as a barrier and/or asset to your employment goal.
- ▶ Describe your support system, such as: family, friends, community members and service providers.
- ▶ How do they view your goals?
- ▶ Do they live nearby? How often do you have contact with service providers?

Living Arrangements

- ▶ Explain how you see your living arrangement as a barrier and/or asset to your employment goal.
- ▶ Describe your present living arrangement. Is it stable, permanent, and accessible?
- ▶ What do you like and dislike about it?
- ▶ With whom do you reside (family member, spouse, friend, roommates, or personal assistant)?
- ▶ Do you need home repairs or modifications?

Future Outlook

- ▶ Explain how you see your future outlook as a barrier and/or asset to your employment goal.
- ▶ Do you feel your disability is a barrier to obtaining a job? How?
- ▶ Are you optimistic about the potential to work?

- ▶ What are your concerns?

Other potential “Barriers/Assets” that were not mentioned.

- ▶ Additional barriers/assets may include: clothing, hygiene, culture, religion, mistrust of the system, correctional system, child care, finances, secondary disability, and alcohol and other drug abuse.

Is there any other information that you feel is important for me to know? Or anything else you would like to share?