



# Vocational Program 2021



## **PROGRAM OVERVIEW**

The Village Vocational Program's primary goal is to empower our clients by teaching them the skills necessary to sustain employment. We strive to serve each client, regardless of their level-of-need, and provide a personalized vocational training plan that includes instructional training in both generalized and job-specific skills. Our program takes a holistic approach, beginning with an assessment of skills, after which our Vocational Techs and Job Coaches will help each client explore different career paths according to their interests and skillset.

This personalized approach allows us to ensure an individualized learning experience for every client we serve. After the assessment period, each client will be assigned a Job Coach who will work with them 1-on-1 and/or in small groups to build skills and find employment. Once the training and skill-development portion of the program is complete, our Job Coaches will then help each client prepare for the job hunt and provide support when they are placed at a worksite.

The Village Vocational Program has a working relationship with multiple places of employment, and has potential job opportunities in the fields of office work, janitorial work, vending, and retail. We are hoping to continue our growth, partnering with more companies in the future to provide further chances for our clients to pursue employment.



## **SERVICES OFFERED**

The Village Vocational Program offers the following services:

1. Vocational Skills Assessment
2. Job Exploration
3. General Vocational Skills Classes
4. Job-Specific Task Instruction
5. Resume Building
6. Job Search, Application, and Interview Training/Support
7. Job Placement
8. On-site Job Coaching
9. Aftercare Monitoring
10. Workshops and Skill Reinforcement



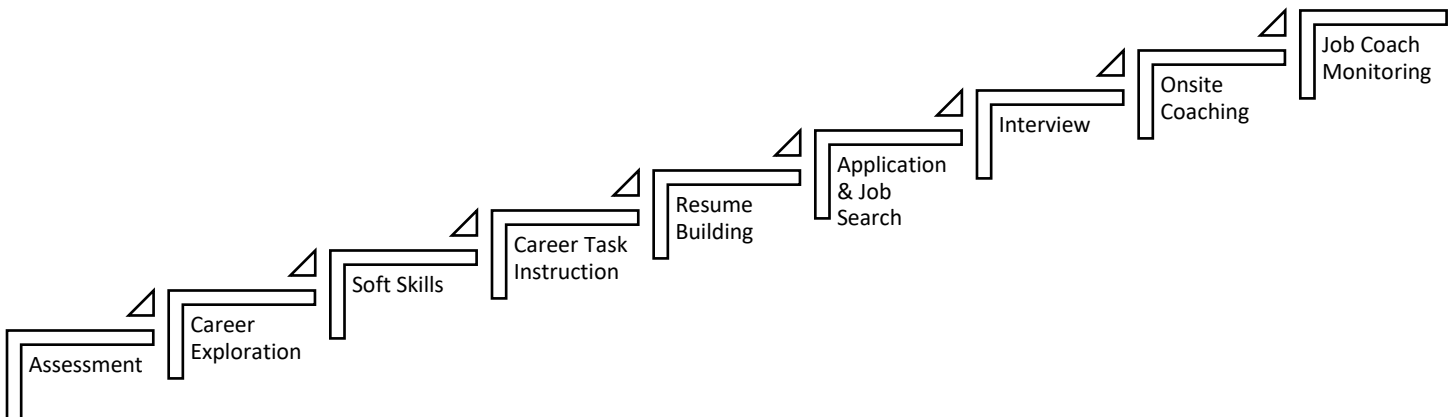
## TIMELINE OF SERVICES

Generally, The Village Vocational Program spans between 3 to 6 months in duration, however, since each client will have a personalized program, the time it takes to complete it will vary based on their needs and wishes.

Upon admission, each client is assessed on their vocational skills, followed by a Career Exploration phase. The assessment period lays the ground work for their individualized learning experience, it is what we use to build each client's program to suit their interests as well as their needs. Once the client has been assessed, they will be assigned a Job Coach who will work with them 1-on-1 and/or in small groups where they will learn general job skills and specific career task instruction.

After the client has successfully completed their vocational training lessons, they will move on to the Job Search and Application portion of our program. This phase includes resume building, job search and application processes, as well as assistance with interviews. Once they have been placed at a jobsite, they will receive onsite coaching as they get acclimated to their work environment.

Finally, we offer Job Coach monitoring, where our Coaches will keep track of the client's progress at their new place of employment. A client is considered to have successfully completed the program if they have maintained their job for the entirety of the Job Coach monitoring period. If they are unable to find gainful employment after completing the job hunt portion of the program, they will be placed into a maintenance phase, which is meant to keep their skills sharp and give time for the Job Coach and client to search for more vocational opportunities.





The following are requirements for admission to The Village Vocational Program:

1. Resident of the City of Houston
2. 18 years of age or older
3. Affected directly or indirectly by Hurricane Harvey
4. Low-to-Moderate income
5. Intellectual and/or Developmentally Disabled

If you have a question regarding you or a loved one's eligibility, please contact the Vocational Program Director, Nicole Wedin at 281-620-8105 or [nwedin@villagelac.org](mailto:nwedin@villagelac.org)





## QUALIFYING INFORMATION

Hurricane Harvey Disaster Relief Information:

Did you live within the Houston City Limits during Hurricane Harvey?

- Yes                       No

Were you directly or indirectly affected by Hurricane Harvey?

- Yes                       No

If yes, please provide more details on how you were affected:

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*\*If you did not live within the Houston City Limits or were not affected by Hurricane Harvey, you must provide the following documents for enrollment\*:*

- Proof of current residence within the Houston City Limits
- Proof of an Intellectual or Developmental Disability
- Proof of Age (Must be 18 or older)
- Current SSI Award Letter or Eligibility to Receive Medicaid

Current Living Situation:

- |   |  |
|---|--|
| <input type="checkbox"/> Community Residential/Group Home/Host Home | <input type="checkbox"/> Halfway House/Transitional Living |
| <input type="checkbox"/> Homeless Shelter                           | <input type="checkbox"/> Live with Parent/Guardian         |
| <input type="checkbox"/> Independent Living                         | <input type="checkbox"/> Other: _____                      |

Marital Status:

- |  |                                  |   |
|--|----------------------------------|---|
| <input type="checkbox"/> Never Married | <input type="checkbox"/> Married | <input type="checkbox"/> Divorced             |
| <input type="checkbox"/> Separated     | <input type="checkbox"/> Widowed | <input type="checkbox"/> Domestic Partnership |

Who referred you to this agency?: \_\_\_\_\_



**QUALIFYING INFORMATION CONT'D.**

Income:

How do you support yourself financially?

**AMOUNT:**

Social Security Income (SSI):

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Social Security Disability Income (SSDI):

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Temporary Assistance to Needy Families (TANF):

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Personal Income:

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Worker's Compensation:

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Other:

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**TOTAL:**

Please provide the following supporting documents:

1. Documents that prove the participant **RESIDED** within the Houston City Limits during the period of August 17 – September 1, 2017, **AND** was directly *or* indirectly affected by Hurricane Harvey
2. Documents that prove the participant **CURRENTLY RESIDES** within the Houston City Limits

Examples of Acceptable Documentation:

- Current Utility Bill
- Pay Stub (if address is printed on stub)
- Rent Receipt (showing current address)
- Lease Agreement
- Mortgage Statement
- Section 8 Award Letter
- Homelessness Determination





**EMPLOYMENT HISTORY**

Are you currently employed?  Yes  No

If YES, how many hours do you work per week?: \_\_\_\_\_

What is your salary?: \_\_\_\_\_

Hourly wage?: \_\_\_\_\_

Are you a migrant or seasonal farm worker?  Yes  No

*Please list your most recent employment first.*

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

Job Title: \_\_\_\_\_

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

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

Pay Rate: \_\_\_\_\_

Select One:  Full Time  Part Time

Job Duties:

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Did you have trouble completing these duties due to your disability?  Yes  No

If YES, please explain how:

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Were there any aides and/or interventions that helped you complete your job duties?  Yes  No

If YES, please explain:

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Reason for Leaving:  Terminated  Laid Off  Quit  Relocated/Moved

Other (Please Explain): \_\_\_\_\_



**EMPLOYMENT HISTORY CONT'D.**

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

Job Title: \_\_\_\_\_

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

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

Pay Rate: \_\_\_\_\_

Select One:     Full Time                       Part Time

Job Duties:

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Did you have trouble completing these duties due to your disability?                       Yes                       No

If YES, please explain how:

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Were there any aides and/or interventions that helped you complete your job duties?                       Yes                       No

If YES, please explain:

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Reason for Leaving:     Terminated                       Laid Off                       Quit                       Relocated/Moved

Other (Please Explain): \_\_\_\_\_

Have you ever had a Worker's Compensation Claim?     Yes                       No                       Pending

If YES, what state?: \_\_\_\_\_

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Interviewer Notes: \_\_\_\_\_

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**DISABILITY INFORMATION**

*Please list your health conditions, disabilities, and diagnoses (physical, mental, and/or emotional) – be sure to also include the severity at which it affects you in the last column.*

CONDITION	YEARS OF ONSET	HOW IT AFFECTS YOU



**LEVEL OF NEED**

Physical Abilities and Equipment:

- Can you ambulate (move) independently?  Yes  No
- Do you require assistance of trained personnel for safety?  Yes  No
- Can you self-propel in a wheelchair?  Yes  No
- Can you self-transfer from a wheelchair?  Yes  No
- Do environmental factors (i.e. heat and/or cold) affect your mobility?  Yes  No
- Has there been any recent decline in your functioning?  Yes  No
- Do you use any of the following assistive devices?  Walker  Crutches  Portable Oxygen  Service Animal  
 Manual Wheelchair  Electric Wheelchair

Cognitive Abilities:

Do you have problems with any of the following?  
*\*If YES, indicate a rating of each category, 1 being the lowest level of impairment, 5 being the highest\**

<u>CATEGORY</u>		<u>LEVEL OF IMPAIRMENT</u>				
Alertness:	<input type="checkbox"/> Yes <input type="checkbox"/> No	1	2	3	4	5
Memory Issues:	<input type="checkbox"/> Yes <input type="checkbox"/> No	1	2	3	4	5
Confusion:	<input type="checkbox"/> Yes <input type="checkbox"/> No	1	2	3	4	5

Are you able to remove yourself from an unsafe situation?  Yes  No

Sensory Abilities:

- Do you have any visions issues?  Cataracts  Legally Blind  
 Not Applicable  Other (please explain): \_\_\_\_\_
- Do you have any hearing issues?  Deaf  Hearing Impaired  
 Not Applicable  Other (please explain): \_\_\_\_\_
- Are you able to communicate your needs?  Yes  No



**MEDICATION LIST**

Please list all medications that you are **CURRENTLY** taking for any of the conditions you have listed in this application:

MEDICATION	PURPOSE

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Interviewer Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## MODIFICATIONS AND INTERVENTIONS

*In the chart below, please indicate and explain any current or past behavior interventions and/or modifications that have been successful in a school, work, home, or other setting:*

<b>SETTING OF MODIFICATION/INTERVENTION</b>	<b>DESCRIPTION OF MODIFICATION/INTERVENTION</b>
<i>(i.e. work, school, home, or other)</i>	



**PROGRAM NEEDS**

Which of the following services do you think you might need from the Village Vocational Program in order to be successful at getting you to or back to work? *(Select all that apply.)*

- Learn how to look for and find work
- Help decide a work goal
- Learn how to work with my disabilities
- Learn about job expectations & professionalism
- Learn how to navigate a professional social climate
- Other

What strengths or skills have you identified about yourself?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What types of work are you interested in?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Interviewer Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**EDUCATIONAL INFORMATION**

Are you a high school graduate, or do you have your GED?     Yes                       No

If **NO**, what is the highest grade level you have completed?: \_\_\_\_\_

Were you in special education while in school?                       Yes                       No

Did you have an Individualized Education Program (IEP)?     Yes                       No

Did you have a 504 plan?                       Yes                       No

*If you answered **YES** to any of the above questions, please list the name of your school, along with the city and state in which it is located:*

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School Name	City	State
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Please list any college/trade schools or additional training you have received in the table below:

SCHOOL NAME	BEGIN DATE	END DATE	DEGREE/AREA OF STUDY

Are you currently attending school?                       Yes                       No

If **YES**, what school do you attend?: \_\_\_\_\_

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Interviewer Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





**OTHER INFORMATION**

What is your source of transportation?       Bus       Bike       Car       Other: \_\_\_\_\_

Do you have a valid Driver's License?       Yes       No

Insurance?       Yes       No

Do you have a clean driving record?       Yes       No

If **NO**, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony/misdemeanor?       Yes       No

If **YES**, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently on legal supervision of any type?       Yes       No

If **YES**, and you are actively being supervised, please list the name and phone number of your probation/parole officer:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do you have a history of substance abuse?       Yes       No

If **YES**, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can you pass a drug test?       Yes       No

If **NO**, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_