Kansas
Department for Children and Families
*Rehabilitation Services*

# Customer Profile Form

**Customer Name:** _____ **Social Security #:** _____

**Staff Completing Form:** _____ **I.D. Code:** _____

**Date of Screening (month/day/year):** _____ /_____ /_____

**Types of Screening:** Initial ____ Ongoing/Employment ____ Ongoing/Unemployment

**Total number of hours per week presently working:** **Months per year:**

***General Directions: PLEASE DO NOT LEAVE ANY ITEM UNANSWERED***

Indicate the most appropriate response for each item based on observations of the customer and interviews with individual who know the customer (i.e., family members, adult service providers, school personnel, employers).

1. **Availability: (check Yes or No for each item)**

Will work weekends: ____ Yes ____ No
Will work evenings: ____ Yes ____ No
Will work part-time: ____ Yes ____ No
Will work full-time: ____ Yes ____ No

Specifics/Comments:_____

**2. Transportation: (check Yes or No for each item)**

Transportation available: ____ Yes ____ No
Access to specialized travel services: ____ Yes ____ No
Lives on bus route: ____ Yes ____ No
Family will transport: ____ Yes ____ No
Provides own transportation (bike, car, walks): ____ Yes ____ No

Specifics/Comments:_____

**3. Strength — Lifting and Carrying:**

____ Poor (< 10 lbs) ____ Fair (10-20 lbs) ____ Average (30-40 lbs) ____ Strong (> 50 lbs)

Specifics/Comments:_____

**4. Endurance: (without breaks)**

____ Works < 2 hours ____ Works 2-3 hours ____ Works 3-4 hours ____ Works > 4 hours

Specifics/Comments:_____

**5. Orienting:**

____Small area only ____One room ____Several rooms ____Building wide ____Building & ground

Specifics/Comments: _____

**6. Physical mobility:**

____Sit/stand in one area ____Fair ambulation ____Stairs/minor obstacles ____Full physical abilities

Specifics/Comments: _____

**7. Independent work rate: (no prompts)**

___Slow pace ___Steady/average pace ___Above average/sometimes fast pace ___Continual fast pace

Specifics/Comments:

**8. Appearance:**

____ Unkempt/poor hygiene
____ Unkempt/clean
____ Neat/clean but clothing unmatched
____ Neat/clean and clothing matched

Specifics/Comments: _____

**9. Communication:**

____ Uses sounds/gestures
____ Unkempt/clean
____ Speaks unclearly
____ Communicates clearly, intelligible to strangers

Specifics/Comments: _____

**10. Appropriate social interactions:**

____ Rarely interacts appropriately
____ Polite, responses appropriate
____ Initiates social interactions infrequently
____ Initiates social interactions frequently

Specifics/Comments: _____

**11. Unusual behavior:**

____ Many unusual behaviors ____ Few unusual behaviors ____ No unusual behaviors

Specifics/Comments: _____

**12. Attention to task/perseverance:**

____ Frequent prompts required
____ Intermittent prompts/high supervision required
____ Intermittent prompts/low supervision required
____ Infrequent prompts/low supervision required

Specifics/Comments: _____

**13. Independent sequencing of job duties:**

____ Cannot perform tasks in sequence
____ Performs 2-3 tasks in sequence
____ Performs 4-6 tasks in sequence
____ Performs 7 or more tasks in sequence

Specifics/Comments:_____

**14. Initiative/motivation:**

___Always seeks work ___Sometimes volunteers ___Waits for directions ___Avoids next task

Specifics/Comments: _____

**15. Adapting to change:**

____ Adapts to change
____ Adapts to change with some difficulty
____ Adapts to change with great difficulty
____ Rigid routine required

Specifics/Comments:_____

**16. Reinforced needs:**

____ Frequent required
____ Intermittent (daily) sufficient
____ Infrequent (weekly sufficient)
____ Pay check sufficient

Specifics/Comments:_____

**17. Family Support**

____ Very supportive of work
____ Supportive of work with reservations
____ Indifferent about work
____ Negative about work

Specifics/Comments:_____

18. **Customer's financial situation:**

____ Financial ramifications no obstacle
____ Requires job with benefits
____ Reduction of financial aid is a concern
____ Unwilling to give up financial aid

Specifics/Comments:_____

19. **Discrimination skills:**

____ Cannot distinguish between work supplies
____ Distinguishes between work supplies with an external cue
____ Distinguishes between work supplies

Specifics/Comments:_____

20. **Time awareness:**

____ Unaware of time and clock function
____ Identifies breaks and lunch
____ Can tell time to the hour
____ Can tell time in hours and minutes

Specifics/Comments:_____

21. **Functional reading:**

____ None ____ Sight words/symbols ____ Simple reading ____ Fluent reading

Specifics/Comments:_____

22. **Functional math:**

____ None ____ Simple counting ____ Simple addition/subtraction ____ Computation skills

Specifics/Comments: _____

23. **Independent street crossing:**

____ None
____ Crosses 2 lane street with light
____ Crosses 2 lane street without light
____ Crosses 4 lane street with light
____ Crosses 4 lane street without light

Specifics/Comments:_____

24. **Handling criticism/stress:**

___ Resistive/argumentative
___ Withdraws into silence
____ Accepts criticism/does not change behavior
____ Accepts criticism/changes behavior

Specifics/Comments:_____

25. **Acts/speaks aggressively:**

____ Hourly ____ Daily ____ Weekly ____ Monthly ____ Never

Specifics/Comments: _____

26. **Travel skills:** (check Yes or No for each item)

| | | |
|---|---|---|
| Requires bus training | ____ Yes | ____ No |
| Uses bus independently/no transfer | ____ Yes | ____ No |
| Uses bus independently/makes transfer | ____ Yes | ____ No |
| Able to make own travel arrangements | ____ Yes | ____ No |

Specifics/Comments: _____

27. **Benefits consume needs:** (check Yes or No for each choice)

| | | | | |
|---|---|---|---|---|
| 0 | = | None | ____ Yes | ____ No |
| 1 | = | Sick Leave | ____ Yes | ____ No |
| 2 | = | Medical/health benefits | ____ Yes | ____ No |
| 3 | = | Paid vacation/annual leave | ____ Yes | ____ No |
| 4 | = | Dental benefits | ____ Yes | ____ No |
| 5 | = | Employee discounts | ____ Yes | ____ No |
| 6 | = | Free or reduced meals | ____ Yes | ____ No |
| 7 | = | Other (specify): _____ | | |

28. **Check all that customer has performed:**

| | | | |
|---|---|---|---|
| ____Bus tables | ____Sweeping | ____Dish machine use | ____Keeping busy |
| ____Food prep. | ____Assembly | ____Mopping (indust.) | ____Clerical |
| ____Buffing | ____Vacuuming | ____Food line supply | ____Pot scrubbing |
| ____Dusting | ____Restroom cleaning | ____Trash disposal | ____Other: (specify) |
| ____Stocking | ____Washing equipment | ____Food serving | _____ |
| | | | _____ |

**Medications?** _____

**Medical Complications/Conditions?** _____

_____

**Additional Comments:** _____

_____

_____

_____

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