



Person's Name (First MI Last): Jean B. Stone	Record #:	Date of Admission: 7/1/10	
Organization/Program Name: Creative Life Choices Inc./Oak Street Residence	DOB: 10/1/84	Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Transgender	
Employment Addendum			
<input type="checkbox"/> Current Employment: (Check all that apply) <input type="checkbox"/> Full Time (32 hours or more per week) <input type="checkbox"/> Part-time (< 32 hours per week) <input type="checkbox"/> Volunteer/Intern <input type="checkbox"/> Supported Employment <input type="checkbox"/> Transitional Employment Program Is person served satisfied with job? <input type="checkbox"/> No <input type="checkbox"/> Yes Is person's served job in jeopardy? <input type="checkbox"/> No <input type="checkbox"/> Yes			
<input checked="" type="checkbox"/> Not in Labor Force: - Date Last Worked: December 2009 / (Check all that apply) <input checked="" type="checkbox"/> Currently Seeking Employment <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Other:			
<input checked="" type="checkbox"/> Is the person concerned that employment will effect current benefits: <input type="checkbox"/> Yes, please explain: <input checked="" type="checkbox"/> No			
Name of most recent employer: Budding Place Floral Shoppe			
Reason(s) for Leaving Jobs in Last 5 years: <input type="checkbox"/> NA <input type="checkbox"/> Lacked transportation <input type="checkbox"/> Did not get along with boss/supervisor <input type="checkbox"/> Terminated <input type="checkbox"/> Laid off <input type="checkbox"/> Did not like work hours <input type="checkbox"/> Child/Family care issues <input checked="" type="checkbox"/> Mental health problems <input type="checkbox"/> Did not like working conditions <input type="checkbox"/> Did not like job duties <input type="checkbox"/> Medical problems <input type="checkbox"/> Did not get along with co-workers <input type="checkbox"/> Pay too low <input checked="" type="checkbox"/> Substance abuse problems <input type="checkbox"/> Maternity leave <input type="checkbox"/> Temporary employment <input type="checkbox"/> Other:			
Attendance: <input type="checkbox"/> Above average <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Tardiness <input type="checkbox"/> Absenteeism			
Performance: <input type="checkbox"/> Exemplary <input checked="" type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Below Average			
Comments:			
Person's Signature (Optional, if clinically appropriate)	Date:	Parent/Guardian Signature (If appropriate):	Date:
Clinician/Provider - Print Name/Credential: Anna Renner, LMHC	Date:	Supervisor - Print Name/Credential (if needed):	Date:
Clinician/Provider Signature:	Date:	Supervisor Signature (if needed):	Date:
Psychiatrist/MD/DO (If required):	Date:		