

2017 Application – Please discard all previous editions

To Prospective Applicants and Their Advocates:

At Unlimited Potential our mission is to increase the vocational opportunities of Saratoga County residents with mental illness by providing job preparedness training and employment services. Many changes have occurred at Unlimited Potential over the last few years. Although we no longer have a Sheltered Workshop due to state and federal funding cuts, we continue to provide the exceptional employment services we have since day one.

Our Employment Counselors work with individuals to provide all aspects of vocational services including engagement, assessment, job development, job placement, job coaching, job counseling, job-related crisis intervention, benefits counseling, and individualized and ongoing flexible follow-along supports.

These services help individuals with barriers to employment set realistic job goals and provide assistance to achieve them.

For individuals seeking competitive employment we offer the following Supported Employment Services:

- Pre-Employment Services
- Soft Skills Training and Development
- Placement Services
- Job Coaching

Applicants who are looking for employment services can expect to get started right away. We will assess skills, aptitudes, and abilities and create an individualized plan.

For individuals age 50 and older, the Golden Club is a social model day program, which engages clients in all types of activities. Give us a call to schedule a tour of our facility and spend a few hours with the Golden Club.

To get started, please complete the attached application, including the requested psychiatric eligibility information enclosed, and return it to Unlimited Potential for admission consideration. We will then schedule an appointment to determine how our programs can best serve you or your clients.

Please feel free to contact me if you have any questions at 518.587.2851 or Erin.Strattman@northernrivers.org.

Sincerely,

Erin Stratman
Director of Rehabilitation

Unlimited Potential
VOCATIONAL REHABILITATION CENTER
P. O. Box 4656, 36 Cady Hill Blvd., Saratoga Springs, NY 12866
Office, 518.587.2851 Fax, 518.587.4367

2017 APPLICATION/REFERRAL FOR SERVICES

Note to referring agent: Please submit the following information with this application:

- Psychiatric assessment within one year
- Psychosocial history within one year
- Appropriate releases of information

Applicant's name _____

Referring agent _____

Agency _____

Date of application _____

ELIGIBILITY CRITERIA*

1. Are you a Saratoga County resident? Yes _____ No _____
2. Do you have an AXIS I Mental Health Diagnosis? Yes _____ No _____
3. Are you ready for a competitive employment position with
the appropriate training and assistance? Yes _____ No _____

If no, please explain _____

4. For Golden Club ONLY: Are you 50 years or older? Yes _____ No _____

*To be eligible for employment services, you must answer "yes" to questions 1-3; to be eligible for Golden Club, you must answer "yes" to questions 1, 2, and 4.

SERVICES DESIRED

- Employment Services, including pre-employment training, resume building, interview training, application assistance, job coaching, job retention services and other related services
- Golden Club, a social club for individuals age 50 and older
- Soft Skills Training and Development, including job skills, computer classes, and social skills training to prepare for employment. Please note: Eligible individuals must have the short-term goal of seeking employment. Classes are taught in a group setting and meet on a varied schedule.

GENERAL INFORMATION

Applicant's name _____

Address _____

Mailing address (if different) _____

Date of birth _____ SSN _____

Gender _____ Marital status _____

Home phone _____ Cell phone _____

Applicant's personal history (to be completed with the therapist or referring agent):

Do you receive: SSI _____ SSD _____ Public Assistance _____

Do you have Medicare? Yes _____ No _____

Do you have Medicaid? Yes _____ No _____

If you have Medicaid, is it Managed Care? Yes _____ No _____

Are you a U. S. Citizen? Yes _____ No _____

Do you have your Social Security Card? Yes _____ No _____

Do you have a driver's license? Yes _____ No _____

Do you use public transportation? Yes _____ No _____

Do you have an open ACCES case? Yes _____ No _____

Have you ever had ACCES? Yes _____ No _____

Have you ever been in the armed services? Yes _____ No _____

MEDICAL INFORMATION

Please check DSM diagnosis is based upon: DSM- IV _____ DSM-V _____

Axis I _____

Axis II _____

Axis III _____

Axis IV _____

Axis V Global Assessment of Functioning (GAF) _____

List all medications and dosages _____

Therapist's name _____ Phone _____

Psychiatrist's name _____ Phone _____

Physician's name _____ Phone _____

Emergency contact(s) _____ Phone _____

Have you ever had psychiatric hospitalization? Please include the names and the hospital dates of admissions. _____

Please Indicate Involvement with any of the following services:

Reflections (PROS) _____

Saratoga Mental Health Clinic _____

Transitional Services Association _____

Alcohol treatment _____

OASIS _____

Care management _____

ACCES-VR _____

Probation _____

ACCES-VR _____

Department of Social Services _____

LEGAL HISTORY

Do you have a history of the following (if "yes," please provide a brief summary):

Arson Yes _____ No _____

Assaultive behavior Yes _____ No _____

Criminal offenses Yes _____ No _____

Drug or alcohol abuse Yes _____ No _____

Misdemeanor Yes _____ No _____

Felony Yes _____ No _____

Summary of legal history _____

EDUCATION AND EMPLOYMENT HISTORY

What is the highest level of education you have completed? _____

Work History

Employer Name and Address	Dates Employed	Reason for Leaving
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I understand that this and other information, including the psychosocial history, psychiatric assessment, Comprehensive Treatment Plan, Assessment Summary, and appropriate releases of information will be given to Unlimited Potential, to which I am applying.

Applicant signature _____

Referring agent signature _____

Referring agent address _____