



Vocational Rehabilitation Program
Department of Psychiatry, UCSF
San Francisco General Hospital
1001 Potrero Avenue, 7F40
San Francisco, CA 94110
(628) 206-5962; fax (628) 206-8942

ZSFGH VOCATIONAL REHABILITATION PROGRAM REFERRAL/INTAKE FORM

Thank you for your interest in the Vocational Rehabilitation Program at San Francisco General Hospital. Filling out this form with your case manager is the first step to getting you on the path to employment. This application has two parts, the first is for you and your case manager to fill out together, and the second part is for your case manager to complete. Your case manager will play an active role throughout your whole vocational training /employment process. Please email the form back to hugo.calderon@ucsf.edu or fax to Hugo Calderon @ 628-206-8942.

Applicant's Name: _____ Ethnicity: _____

DOB: _____ Phone #: _____ Email: _____

SS#: _____

Address: _____ Zip: _____

Case Manager: _____ Phone#: _____ Email: _____

Referring Source: _____ Referral Date: _____

Emergency Contact Name: _____ Phone #: _____ Email: _____

Benefits: ☐ SSI ☐ SSDI ☐ SSA ☐ GA ☐ Section 8 Housing ☐ Other: _____

Housing: ☐ SRO ☐ Homeless ☐ Supportive Housing ☐ Private Residence ☐ Family

☐ Treatment Facility ☐ Other: _____

PART ONE: Filled out by Applicant

Section I: INTEREST SURVEY

1. What type of work would you be interested in doing? Pick 3 choices and number them 1 to 3, 1 being your first choice of interest.

☐ Clothing Donation Center ☐ Clerical/Administrative Assistant ☐ Coffee Cart

☐ Quilting/Sewing/Project ☐ Hot Dog Cart

The following is general information on the vocational opportunities available at SF General:

- **Clothing Project:** Folding, hanging, distributing donated clothes to the psychiatric inpatient units
- **Quilting & Sewing:** Measuring, cutting fabric and operating a sewing machine.
- **Coffee Cart:** Make and sell coffee, maintain inventory, learn to manage small business.
- **Clerical:** Data entry, answering multi-line phones, photocopying, collating and other office support.
- **Hot Dog Cart:** Learn all aspects of running a small mobile food facility.



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2. What type of work schedule are you interested in and can commit to?

☐ Part-time ☐ Full-time ☐ Volunteer (how many hours a week? ())

1. Employment Track: Participants on the employment track work 2 or more shifts per week and can earn up to \$80 per month in gift cards (of their choice) not to exceed \$500 per year (i.e. 6 months at \$80). Participants also receive meal vouchers for the SFGH Cafeteria. Employment track participants are referred to an Employment Specialist/Job Developer and the CA Department of Rehabilitation (DOR) for community job placement.
2. Volunteer Track: Our SFGH Volunteers can work one or more shifts per week ongoing throughout the year and receive a stipend of \$40 per month in gift cards (of their choice) and receive meal vouchers for the SFGH Cafeteria. Individuals on the volunteer track can enter the employment track at any time.

Section II: SKILLS SURVEY

3. Have you had any prior experience working? ☐ Yes ☐ No

If so, please explain your position, when you worked there, and duties performed (attach resume).

4. Tell us more about yourself. Put an "X" in the box that best describes you:

	Most of the time	Sometimes	Not often
I am on time for appointments			
I can work cooperatively with others			
I can work with people who are different			
I am dependable			
I am honest			
I feel comfortable handling cash			
I can accept supervision			
I have transportation available			
I am well groomed and have good hygiene			
I follow instructions well			
I am clean and sober			



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PART TWO: Case Manager/Clinician Section

5. Primary Mental Health Diagnosis:

5.A: BIS Client ___Yes ___No

5 B: Formally Incarcerated: ___Yes ___No

6. Please provide a brief summary that includes, basic background information, and current treatment goals:

7. Date last hospitalized:

8. What do you consider to be your client's main strengths?

9. How do you think that the vocational training program can benefit your client?

10. What are some your client's precipitators/triggers (red flags) that may lead to symptoms?

11. Suggested strategies and/or reasonable accommodations for working with this client:

12. What are some support systems in place for the client:



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13. What are some difficulties that your client may be facing that may affect his/her work performance?
Please elaborate for those that apply:

☐ Substance Abuse problems

☐ Health problems

☐ Psychiatric symptoms

☐ Lack of stable housing

☐ People/Social Skills

☐ Other factors
(Violent history, Family issues, etc.)

We strongly encourage Case Managers to play an active role throughout the client's whole vocational training experience. This includes being part of the planning team when establishing client's individualized vocational plans; following up with vocational staff periodically to get updates on client's progress; as well as informing vocational staff of any relevant information pertaining to client that may effect his/her vocational performance.

Case Manager/ Clinician's signature: _____

Client's signature: _____