



SUPPORTED WORK INDEPENDENCE PROGRAM

Client Information

Date form completed:	SWI agreement completed:
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PERSONAL INFORMATION

Name of participant:			Phone:		
Address:					
City:		State:	Zip:		Gender:
Age:	DOB:	Social Security:		DSPD PID#:	

EMERGENCY AND PROVIDER CONTACT INFORMATION

Parent or guardian:	Phone:	Email:
Emergency contact #1:	Phone:	Email:
Emergency contact #2:	Phone:	Email:
VR counselor:	Phone:	Email:
SE provider:	Phone:	Email:
DSPD program administrator	Phone: 801-243-6114	Email: swi@utah.gov

CURRENT LIVING SITUATION

Living situation: (circle one) Apartment Group Home Family Foster-Care Other:
Living community: (circle one) Urban Rural

MEDICAL INFORMATION

Primary care physician:	Phone:
Health insurance provider:	

MEDICAL NEEDS

Current medication:
Allergies/dietary issues/other health concerns:
Assistive devices/reasonable accommodations:
Scheduling limitations:
Behavior issues:
Other concerns:

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CURRENT EMPLOYMENT INFORMATION

Employer:		Phone:	
Address:			
City:		State:	Zip:
Hire date:	Hours per wk:	Pay rate:	SSI / SSDI income: \$

(Pay rate must be at least current min. wage to receive SWI services.)

EMPLOYMENT HISTORY

What employment services have you received in the past? (Circle all that apply)

VR LDS Employment Services Transition school DWS Job Corp Other: _____

Have you worked before? Yes No

Name of employer	Hire date	End date	Job description	Pay rate	Reason for leaving

What have been some of the obstacles to gaining and maintaining employment?

Employment opportunities. What work are you interested in? Not interested in?

Very interested	Least interested

Do you have any related employment skills? (Ex. CDL, computer training, specialized certification?)

How long have you been on the DSPD waiting list for supported employment? Years _____ Months _____

Do you receive Medicaid Benefits? Yes No

Do you receive Social Security Benefits? Yes No

What type of Social Security Benefits? SSI SSDI Both

Have you met with a Benefits Specialist? Utah Work Incentive Planning Services (UWIPS) Yes No

Additional comments:

Individuals participating in SWI services are expected to update the client information sheet at the beginning of each fiscal year if any changes have occurred. Individuals are also encouraged to report any changes to their Supported Employment Provider.

Privacy Notice: DHSS is collecting this data to determine eligibility for the Supported Work Independence (SWI) Program. This personal data will only be used by DHHS, and if needed, by individuals or parties contracted with DHHS. Without this data, DHHS cannot make an eligibility determination. This data is part of record series: 15376.