



**SUPPORTED WORK INDEPENDENCE PROGRAM**  
Client Information

**Privacy Notice: See the end of this form to learn why DHHS collects this personal data.**

Date Form Completed:	SWI Agreement Completed:
----------------------	--------------------------

**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:
ER Contact Person #1:	Phone:	Email:
ER Contact Person #2:	Phone:	Email:
VR Counselor:	Phone:	Email:
SE Provider:	Phone:	Email:
DSPD Program Administrator	Phone: 801-243-6114	Email: <a href="mailto:swi@utah.gov">swi@utah.gov</a>

**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:

**SUPPORTED WORK INDEPENDENCE PROGRAM**  
Client Information

**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:

**Privacy Notice:**

DHHS 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 a person or party contracted with DHHS. Without this data, DHHS cannot make an eligibility determination. This data is part of record series: 15376.