

# **W-2 T Employment Focused Engagement Strategies**

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## **Purpose**

To introduce engagement strategies that assist participants in a W-2 T placement reach their employment goals.

## **Learning Objectives**

Upon completion of this course, you will be able to:

- Correlate participant assessment information with purposeful activities.
  - Describe what a reasonable accommodation is.
  - Explain to participants how to request accommodations in a variety of situations.
  - Identify additional programs that support participants in reaching their goals.
  - Collaborate with additional programs to support participant engagement in activities.
  - Apply engagement strategies that aid participants in achieving their goals and gaining employment.
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### W-2 Contact Information

Questions regarding this training material should be directed via your local agency process to the Partner Training Team,

Email: [PTTTrainingSupp@wisconsin.gov](mailto:PTTTrainingSupp@wisconsin.gov)

A contact person is available to answer e-mailed questions related to this training material, assist you in completing any activity that you are having difficulty with, and/or provide explanation of anything else about this training material.

Questions regarding W-2 production cases and systems should be directed via your local agency process to the BWF Work Programs Help Desk at:

Email: [bwfworkprogramshd@wisconsin.gov](mailto:bwfworkprogramshd@wisconsin.gov)

Telephone: (608) 422-7900.

W-2 Policy questions should be directed to your Regional Office staff.

DCF is an equal opportunity employer and service provider. If you have a disability and need information in an alternate format, or need it translated to another language, please contact (608) 535-3665 or the Wisconsin Relay Service (WRS) – 711.

For civil rights questions call (608) 422-6889 or the Wisconsin Relay Service (WRS) – 711.

# Understanding Change

Think about a time in your life when you made a change.

## Directions:

- With a partner, discuss a time in your life when you had to make a change.
- While one person is talking, the partner can only listen and ask questions, but not share their own experience.
- Use the following questions to help your partner describe their change experience.
  - ✓ What was your comfort zone?
  - ✓ What was unknown?
  - ✓ How did you feel initially about making the change?
  - ✓ What pushed you out of your comfort zone?
  - ✓ Did you experience two steps forward...three steps back...?
  - ✓ What made it difficult to stick with the change after you started?
  - ✓ What obstacles got in your way? What did you do to get past them?
  - ✓ What support did you have? What did you do to get support?
  - ✓ Did you ever feel like giving up? How did you keep going?
  - ✓ What did you learn as a result of this experience?



# Assessment

## Making a Difference

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1. What are your key take-aways?

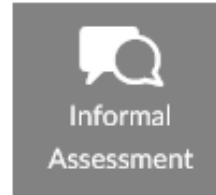
2. How are these benefits translated into goal setting with the participant?

3. How do those goals and goal steps translate into activities?

# Types of Assessment

## Informal

How do you define informal assessment?



How are informal assessment results beneficial to a participant in a W-2 T placement working toward employment?

## Formal

How do you determine what a participant **can** do?

What best practices you have you developed for understanding results and following up with the provider?

Two forms from the Department of Children and Families, Wisconsin. The top form is titled "MEDICAL EXAMINATION AND CAPACITY" and the bottom form is titled "MENTAL HEALTH REPORT". Both forms include fields for participant name, date of birth, social security number, office address, city, state, and zip code. The forms are partially overlapping and have a wavy bottom edge.

## Vocational

How are you (your agency) using vocational assessment?



How can vocational assessment results move a participant closer to their employment goals?

## Career

What information does the participant obtain through a career assessment?

How do you use the results to bridge the gap between what the participant wants to do and the results of a formal assessment?



# Accommodations

## Ways to identify accommodations:

- Formal assessments
- Your co-workers
- The provider of the assessment
- From participants themselves
- Our own personal observations
- Resources like the Job Accommodation Network, AskJan.org
- Division of Vocational Rehabilitation (DVR)
- Other

## Assisting Participants Advocate for Themselves

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- Be sure the participant knows if and when to disclose a disability.
- The participant needs to know to whom to disclose a disability or need for accommodation.
- Assist the participant in preparing their request for an accommodation.
- Help the participant research the type of accommodation they are requesting.



# Providing Accommodations

What does it mean to provide an accommodation for a participant to be fully engaged in activities?

## Services and Accommodations to Help You Do Your W-2 Activities Form

DEPARTMENT OF CHILDREN AND FAMILIES  
Division of Family and Economic Security

WVF

### Services and Accommodations To Help You Do Your W-2 Activities

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

Name – Applicant/Participant	Personal Identification Number	RFA/Case Number
[REDACTED]	[REDACTED]	[REDACTED]

An assessment completed by [REDACTED] recommended special services and/or work site accommodations to help you do your W-2 activities. The following services and/or accommodations will be arranged for you by the W-2 agency.

W-2 Activity	Service / Accommodation	Details (e.g., start date, any special instructions, etc.)
[REDACTED]	[REDACTED]	[REDACTED]

### Notes:

# Collaboration

## My project:

1. What was your role in the project?



2. How were decisions made?

3. How did you (the group) know the best course of action to take?

4. What concrete steps made the outcome successful?

## Who's in Your Community?

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With whom do you currently collaborate?

- Division of Vocational Rehabilitation (DVR)
- FoodShare Employment and Training (FSET)
- Workforce Investment and Opportunity Act (WIOA)
- Aging and Disability Resource Center (ADRC)

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- 
- 
- 

Two things I can start doing to strengthen my relationship with these partners:

1.

2.

Where is there a gap?

Ways I can bridge this gap:

- 
- 
-



## **Collaboration Activity**

Now that we have learned more about collaboration, let's watch how collaboration or lack of collaboration can make a difference in case management.

### **Video 1**

1. What opportunities for collaboration were missed during Rhonda's meeting with her FEP?
  
  
  
  
  
  
  
  
  
  
2. What steps should Rhonda's FEP take to collaborate more effectively?

### **Video 2**

1. How did Lacey and Rhonda's FEP collaborate effectively?
  
  
  
  
  
  
  
  
  
  
2. How do you think Rhonda is better served by Lacey and her FEP collaborating?
  
  
  
  
  
  
  
  
  
  
3. How can you incorporate more collaboration into your case management?

# Engagement Strategies

How do you feel when making a change?

What might participants in a W-2 T placement feel when facing a change?

Change means leaving a comfort zone.

## Motivational Interviewing

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**O – Open Questions**

**A – Affirmations**

**R – Reflections**

**S – Summarizing**



### Open Questions

1. Do you want to work outside the home?
2. Do you want to be self-sufficient?
3. Did you call Jane to let her know you weren't going to attend Job Club?

## **Affirmations**

Affirmations are:

Affirmations may sound something like:

- This is hard work you're doing.
- You care a lot about doing the job well.
- You want to reach your goal.
- You want to be a role model for your kids.

## **Reflections**

Reflections are:

Reflections may begin with:

- It sounds like you...
- It seems to you that...
- From your point of view...
- For you, it's a matter of...
- You mean that...
- You're wondering if...
- You're feeling...
- You must be...
- So, you...

## Summarizing

Summarizing is a recap of all or part of what a participant said in a conversation up to that point. Summaries highlight a participant's stated motivations, reasons for change, and perceptions of risk for the status quo.

### Notes:

## Engagement Through Meaningful Activities

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It's important to remember that:

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## Activity Engagement

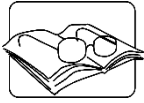
When engaging participants in their activities, keep the following in mind:

- Daily, weekly, and/or monthly activities in which the participant is already involved and/or required to participate.
- Making a clear connection between assigned activities and the participant's goals.
- Ensuring assigned activities relate to helping the participant overcome barriers and limitations.
- Services and accommodations the participant needs to complete activities.
- Outside influences affecting participant.
- The uniqueness of the individual and their family situation.
- The participant's current level of ability.



# Trial Employment Match Program (TEMP)

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Reference: W-2 Policy Manual 7.3.1

The Trial Employment Match Program (TEMP) provides subsidized work for W-2 participants who need additional support to transition to paid employment. Progressing from a W-2 T placement to a TEMP job can be an especially beneficial way to engage participants who:

- Require a flexible schedule or other reasonable accommodations;
- Lack sufficient work skills; and
- Have little or no recent work experience, or a poor work history.

## Summary

Remember:

- Participants overcoming barriers, making life changes and changing behaviors is a process.
- It may take a long time, and you are not in control of the outcomes. That is up to the participant. What you are in control of and responsible for, however, is the process.
- Baby steps make up the process for the participant to get from Point A to Point B.
- Offering the needed supports and supervision, assessing participant progress and potentially adjusting the process along the way, are crucial in ensuring that participants stay engaged and reach their goal.

## Notes:



# Documentation

Documenting each phase of the process records what you are learning about the participant's successes and problems. Documentation helps you see the process in phases, and as a whole, so that you can plan strategies for influencing change.

## System Documentation

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In what way is each system used to document part of the engagement process?

**WWP**

**ECF**



# Wrap Up

Today we covered:

- Interpreting assessments
- Incorporating accommodations
- Effective collaboration
- Engagement strategies

Think about a few things that you found particularly helpful, found surprising, or hope to incorporate when you get back to the office. Record them below.

- 1.
- 2.
- 3.
- 4.
- 5.

# Appendix

## Appendix A: Jinny Moore

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Jinny is a 29-year-old single parent with three children, ages 11, 7, and 4 years. She has been in a W-2 T placement for about one month.

Jinny speaks English. She knows some Spanish slang from her friends, but doesn't feel fluent reading, speaking, or writing the language. She worked in manufacturing on and off for the past five years. Jinny found it boring and did not like it. She worried that she wouldn't assemble the equipment correctly or would do something wrong, which would cause someone to get hurt. She has no other volunteer or work history. Jinny received her High School Diploma 11 years ago but reports no post-secondary education. She has never been involved in any other work programs, has never been in the military, and reports no legal issues. Jinny and her children live with her mother. It is a stable arrangement for now. Prior to living with her mother, she rented an apartment for three years, but was evicted six months ago for not paying rent. Her mother watches the children when Jinny asks, but she does not have a back-up plan if her mom is unavailable.

All three of Jinny's children have the same father, who passed away in a car accident shortly after her youngest child was born. Jinny states that she does not like driving because she gets severe anxiety due to what happened to him. Even though she does not like to drive, she does have a valid driver's license. She usually walks or gets a ride from her mom. She would prefer a job close to home so that she can walk to work. Jinny does report mental health issues and is receiving treatment for them. Nobody in the family is receiving SSI or SSDI, and Jinny states she is not interested in learning more about SSI/SSDI at this time. No other family barriers were reported.

What does Jinny's Mental Health Report tell us?

What did her career assessments tell us?

How can we use these assessment results to help Jinny develop goals and move toward employment?

DEPARTMENT OF CHILDREN AND FAMILIES  
Division of Family and Economic Security

**WPM**

**MENTAL HEALTH REPORT**

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

The provision of your Social Security Number (SSN) is mandatory under Wisconsin Statutes 49.145 (2)(k). Your SSN may be verified through computer matching programs and may be used to monitor compliance with program regulations and program management. Your SSN may be disclosed to other Federal and State Agencies for official examination. If you do not provide your social security number, your application for benefits will be denied.

Participant Name	Date of Birth	Social Security Number
Jinny Moore	10/28/1990	125-555-5566

Name of Professional Provider		Professional Title	
Annabelle Zavala, MD		Psychiatrist	
Office Address	City	State	Zip Code
14555 W National Ave	New Berlin	WI	53151

Dear Mental Health Professional,

The individual named above is an applicant/participant in the **Wisconsin Works (W-2)** program. The purpose of this form is to gather information about this individual's current ability to participate in W-2 activities.

W-2 is a program designed to help individuals become self-sufficient through work and work readiness activities. In order to assign appropriate activities, it is important for us to have an idea of what tasks and assignments this individual is capable of. It is also important for us to know about accommodations and modifications that may assist this individual in participating in work readiness activities.

Activities that can be a part of a W-2 placement include:

- o job readiness/life skills workshops;
- o education and job skills training;
- o on-the-job work experience;
- o recommended medical treatments; and
- o counseling and physical rehabilitation activities.

Please answer the following questions concerning this individual's impairments:

1. How frequently is the patient scheduled to meet with you?  
Every other month

Regarding current course of treatment, how long have you been meeting with this patient?  
Three years

When is your next scheduled appointment with this patient? Two months

2. Are you aware of any other health care professionals who are currently treating this person? If yes, please identify provider name and purpose of treatment: Counselor, Nelson O'Ryan, for weekly therapy

3. DSM-IV-TR Multiaxial Evaluation:
- include code and diagnosis for each axis
  - in addition to mental health, please include any diagnosis related to alcohol or other substance abuse

Axis I: 296.32, 300.02      Axis IV: Unemployment  
 Axis II: \_\_\_\_\_      Axis V: Current GAF: 44  
 Axis III: \_\_\_\_\_      Highest GAF Past Year: 60

DCF-F-126 (R. 10/2018)

4. Identify your patient's signs and symptoms associated with this diagnosis:

<input checked="" type="checkbox"/>	Poor Memory		Time or place disorientation
	Appetite disturbance with weight loss		Decreased energy
<input checked="" type="checkbox"/>	Sleep disturbance	<input checked="" type="checkbox"/>	Social withdrawal or isolation
	Personality changes		Blunt, flat or inappropriate affect
	Mood disturbance or lability		Illogical thinking or loosening of association
	Pathological dependence or passivity		Anhedonia or pervasive loss of interests
	Delusions or hallucinations		Manic syndrome
	Recurrent panic attacks		Obsessions or compulsions
	Somatization unexplained by organic disturbance		Intrusive recollections of a traumatic experience
	Psychomotor agitation or retardation		Persistent irrational fears
	Paranoia or inappropriate suspiciousness	<input checked="" type="checkbox"/>	Generalized persistent anxiety
<input checked="" type="checkbox"/>	Feelings of guilt/worthlessness		Catatonia or grossly disorganized behavior
<input checked="" type="checkbox"/>	Difficulty thinking or concentrating		Hostility and irritability
	Suicidal ideation or attempts		Other:

5. If your patient experiences symptoms which interfere with attention and concentration needed to perform even simple work tasks, during a typical workday, please estimate the frequency of interference. For this question, "rarely" means 1% to 5% of an eight-hour working day; "occasionally" means 6% to 33% of an eight-hour working day; "frequently" means 34% to 66% of an eight-hour working day; and "constantly" means more than 66% of an eight-hour working day.

- rarely     occasionally     frequently     constantly

Is your patient making positive progress?  Yes     No  
Please describe the progress or lack of progress.

\_\_\_\_\_

6. To the best of your knowledge, is the patient on prescribed medications?  Yes     No

If yes, please list:

Anxiety medication (Lexapro), antidepressants (Prozac)

\_\_\_\_\_

Describe any side affects of prescribed medications which may have implications for working, e.g., dizziness, drowsiness, fatigue, lethargy, stomach upset, etc.:

Drowsiness, dizziness, nausea, dry mouth

\_\_\_\_\_

7. When did your patient's symptoms begin (estimate date)?

Four years ago

\_\_\_\_\_

8. Is it likely that your patient's symptoms will last 6 months or longer?  Yes     No

9. Is it likely that your patient's symptoms will last 12 months or longer?  Yes     No

\_\_\_\_\_

10. Does the psychiatric condition exacerbate your patient's experience of pain or any other physical symptoms?  Yes     No

If so, please explain:

\_\_\_\_\_

\_\_\_\_\_

11. When completing the chart below:

\*A "Marked" degree of limitation may arise when several activities or functions are impaired or even when only one is impaired, so long as the degree of limitation is such as to seriously interfere with the ability to function independently, appropriately and effectively.

\*\*\*"Concentration, persistence and pace" refers to ability to sustain focused attention sufficiently long to permit the timely completion of tasks commonly found in work settings. This is often evaluated in terms of frequency of errors, assistance required and/or time necessary to complete simple tasks.

\*\*\* "Repeated" refers to repeated failure to adopt to stressful circumstances such as decisions, attendance, schedules, completing tasks, interactions with others, etc., causing withdrawal from the stress or to experience decompensation or exacerbation of signs and symptoms.

FUNCTIONAL LIMITATION		DEGREE OF LIMITATION				
		None	Slight	Moderate	Marked*	Extreme
1.	Restriction of activities of daily living	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Difficulties in maintaining social functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Deficiencies of concentration, persistence or pace resulting in failure to complete tasks in a timely manner (in work settings or elsewhere) **	Never	Seldom	Often	Frequent	Constant
		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Episodes of deterioration or decompensation in work or work-like settings which cause the individual to withdraw from that situation or to experience exacerbation of signs and symptoms (which may include deterioration of adaptive behaviors)	Never		Once or Twice	Repeated***	Continual
		<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Please describe any additional functional limitations not covered above that would affect your patient's ability to work in a job on a sustained basis: N/A

13. On the average, how often do you anticipate that your patient's impairments would become acute so that the patient would be absent from work and other W-2 activities?

- Once a month or less                       Over twice a month  
 About twice a month                       More than 3 times a month

14. Has there been any recent acute episodes? If yes, please explain and give dates:

N/A



15. To determine your patient's ability to do work-related activities on a day-to-day basis in a regular work setting, please give us your opinion – based on your examination – of how your patient's mental/emotional capabilities are affected by the impairment(s). Consider the medical history, the chronicity of findings (or lack thereof) and the expected duration of any work-related limitations, but not your patient's age, sex or work experience.

For each activity shown below, describe your patient's ability to perform the activity according to the following items:

Unlimited to Very Good:	Ability to function in this area is more than satisfactory.
Good:	Ability to function in this area is limited but satisfactory.
Fair:	Ability to function in this area is seriously limited, but not precluded.
Poor or None:	No useful ability to function in this area.

	MENTAL ABILITIES AND APTITUDE NEEDED TO WORK	UNLIMITED TO VERY GOOD	GOOD	FAIR	POOR OR NONE
1.	Interact appropriately with general public			X	
2.	Understand, remember and carry out very short and simple instructions		X		
3.	Maintain attention for two-hour segment		X		
4.	Maintain regular attendance and be punctual with customary, usually strict tolerances			X	
5.	Sustain an ordinary routine without special supervision			X	
6.	Work in coordination with or proximity to others without being unduly distracted		X		
7.	Complete a normal workday and work week without interruptions from psychologically based symptoms			X	
8.	Perform at a consistent pace without an unreasonable number and length of rest			X	
9.	Accept instructions and respond appropriately to criticism from supervisors			X	
10.	Get along with co-workers or peers without unduly distracting them or exhibiting behavioral extremes			X	
11.	Respond appropriately to changes in a routine work setting			X	
12.	Deal with normal work stress			X	
13.	Be aware of normal hazards and take appropriate precautions		X		
14.	Deal with stress of semi-skilled and skilled work			X	
15.	Perform detailed or complicated tasks			X	
16.	Perform fast paced tasks (e.g., production line)			X	

16. Is the patient attending scheduled appointments?  Yes  No

If no, please explain and list missed appointment dates:

\_\_\_\_\_

Do you attribute the missed appointments to the mental health impairment?  Yes  No

17. What kind of treatment plan is the patient involved in? What is the expected outcome?  
Daily medication and weekly therapy sessions with counselor. Outcome is expected to improve and she will be able to function independently without the need of weekly therapy within the next six months. Medication is expected to continue for over a year.

If schedule for treatment plan is known, please include below or attach:

N/A

18. Please recommend any other activities and services not included in your treatment plan that may help this individual further address his/her mental health impairment:

- Assessment (please specify type) \_\_\_\_\_  Treatment and counseling (please specify)  
Continue weekly therapy
- Advocacy for Social Security Income/Disability  Other \_\_\_\_\_

19. What type of environment or conditions could help this person function most effectively in a variety of daily activities? Slower paced, low stress environment that allows the flexibility of frequent breaks when needed.

20. Considering this patient's mental health condition and limitations please indicate below what activities related to work and training you would recommend?

<input checked="" type="checkbox"/> work/work experience activities	<input type="checkbox"/> job skills training
<input type="checkbox"/> adult basic education/literacy	<input type="checkbox"/> supported job search activities
<input checked="" type="checkbox"/> job readiness/life skills workshops	<input type="checkbox"/> other _____

If no recommendations, please explain:

\_\_\_\_\_

21. Estimate the hours a day (5 days a week) this individual can participate in work/work readiness activities within these recommendations? 40 hours a week as long as accommodations are provided

22. Given your patient's current mental impairments, please specify a date when the recommendations that you have provided should be reviewed: One year

Name of Professional Provider	Title	Telephone Number
<b>Annabelle Zavala, MD</b>	<b>Psychiatrist</b>	<b>262-845-5514</b>
Signature of Professional Provider		Date Signed
<i>Annabelle Zavala</i>		3/31/2019

Return completed form to:

Name of Agency Representative		Address		Date Sent
<b>Wendy Williamson</b>		<b>892 Main St</b>		<b>03/01/2019</b>
City	State	Zip Code	Telephone Number	Fax Number
<b>New Berlin</b>	<b>WI</b>	<b>53072</b>	<b>262-145-2222</b>	<b>262-145-3333</b>

## O\*NET Interest Profiler: Career List

### Your interest results:

Realistic	7
Investigative	6
<b>Artistic</b>	<b>32</b>
<b>Social</b>	<b>19</b>
Enterprising	4
<b>Conventional</b>	<b>36</b>

### Your Job Zone:

**Job Zone**  
**Two**  
Some Preparation  
Needed

### Careers that fit your interests and preparation level:

 Best fit  Great fit

-   Costume Attendants
-  Childcare Workers
- Correspondence Clerks
-  Insurance Policy Processing Clerks
-  Nannies
- Payroll & Timekeeping Clerks
- Photographic Process Workers & Processing Machine Operators
- Postal Service Clerks
- Sewers, Hand
- Word Processors & Typists

### Other careers that fit your interests:

#### Job Zone One: Little or No Preparation Needed

 Best fit  Great fit

-  Baristas
-  Combined Food Preparation & Serving Workers, Including Fast Food


O\*NET Interest Profiler: Career List at My Next Move

<https://www.mynextmove.org/explore/ip-print?t=o&z=2&i=0...>

- Counter & Rental Clerks
- ★ Food Preparation Workers
- Graders & Sorters, Agricultural Products
- Models
- Pressers, Textile, Garment, & Related Materials



**Job Zone Three: Medium Preparation Needed**

 Best fit  Great fit

-  Court Reporters
- Cooks, Private Household
- Desktop Publishers
- Electronic Drafters
- Library Technicians
- ★ Medical Records & Health Information Technicians
- Medical Transcriptionists
- Music Composers & Arrangers
- ★ Secretaries & Administrative Assistants
- ★ Teacher Assistants

**Job Zone Four: High Preparation Needed**

 Best fit  Great fit

-  Proofreaders & Copy Markers
-  ★ Interpreters & Translators
- Career/Technical Education Teachers, Middle School
- Document Management Specialists
- ★ Elementary School Teachers
- Multimedia Artists & Animators
- Social Science Research Assistants

O\*NET Interest Profiler: Career List at My Next Move

<https://www.mynextmove.org/explore/ip-print?t=o&z=2&i=0...>

- Special Education Teachers, Kindergarten & Elementary School
- ★ Technical Writers
- ★ Training & Development Specialists

**Job Zone Five: Extensive Preparation Needed**

🌟 Best fit   🌟 Great fit

- ★ Architecture Teachers, Postsecondary
- Art Therapists
- ★ Art, Drama, & Music Teachers, Postsecondary
- ★ Communications Teachers, Postsecondary
- Computer Science Teachers, Postsecondary
- ★ English Language & Literature Teachers, Postsecondary
- Graduate Teaching Assistants
- Librarians
- Library Science Teachers, Postsecondary
- Mathematical Science Teachers, Postsecondary

**Special Notice: Proper Use of O\*NET Interest Profiler Results**

You **should use** your **O\*NET Interest Profiler** results to explore the world of work and identify careers that may satisfy what is important to you in a job-your interests. You will be able to look at the interests satisfied by careers and compare them to your own interests. Talk to a vocational/employment counselor or teacher for more help on how to use your **O\*NET Interest Profiler** results.

Your **O\*NET Interest Profiler** results **should not be used** for employment or hiring decisions. Employers, education programs, or other job-related programs should not use your results as part of a screening process for jobs or training.

If you think that your **O\*NET Interest Profiler** results are being used incorrectly, talk to your vocational/employment counselor, teacher, or program administrator. You also can contact the National Center for O\*NET Development for assistance.

National Center for O\*NET Development  
Attention: Customer Service  
P.O. Box 27625  
Raleigh, NC 27611  
Email: [O\\*NET Customer Service \(onet@onetcenter.org\)](mailto:onet@onetcenter.org)

## Appendix B: Kylo Philip

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Kylo is a 45-year-old single parent with a fourteen-year-old child. Kylo applied for W-2 after exhausting his savings when he lost his job.

Kylo reads, writes, and speaks English. He had a good job that he loved, working for Oshkosh Truck for 21 years in the equipment maintenance department. Prior to that, he was in the Army for six years as a 12N (heavy equipment operator). He had an honorable discharge. Those were the only jobs he has ever done, and he doesn't know what else to do. Kylo barely passed high school but does have his diploma. He has no legal issues and has owned his house and vehicle for several years. All of his utilities, vehicle registration, and insurance are current.

Kylo has Fibromyalgia and has been unable to work since his diagnosis. He does want to work again and is not interested in learning about SSI/SSDI at this time. There are no other family barriers. Kylo does not have any other children and has no contact with his ex who left when he was diagnosed with Fibromyalgia.

What does Kylo's Medical Examination and Capacity form tell us?

What did his career assessments tell us?

How can we use these assessment results to help Kylo develop goals and move toward employment?

DEPARTMENT OF CHILDREN AND FAMILIES  
Division of Family and Economic Security

**WME**

**MEDICAL EXAMINATION AND CAPACITY**

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

The provision of your Social Security Number (SSN) is mandatory under Wisconsin Statutes 49.145 (2)(k). Your SSN may be verified through computer matching programs and may be used to monitor compliance with program regulations and program management. Your SSN may be disclosed to other Federal and State Agencies for official examination. If you do not provide your social security number, your application for benefits will be denied.

Participant Name <b>Kylo Philip</b>		Date of Birth <b>04/13/1974</b>	Social Security Number <b>024-885-6631</b>	
Name of Professional Provider <b>Dr. Leyton Schwartz</b>		Professional Title <b>Rheumatologist</b>		
Office Address <b>1855 S Koeller St</b>	City <b>Oshkosh</b>	State <b>WI</b>	Zip Code <b>54902</b>	

Dear Health Professional,

The individual named above is an applicant/participant in the **Wisconsin Works (W-2)** program. The purpose of this form is to gather information about this individual's current ability to participate in W-2 activities.

W-2 is a program designed to help individuals become self-sufficient through work and work readiness activities. In order to assign appropriate activities, it is important for us to have an idea of what tasks and assignments this individual is capable of. It is also important for us to know about accommodations and modifications that may assist this individual in participating in work readiness activities.

Activities that can be a part of a W-2 placement include:

- o job readiness/life skills workshops;
- o education and job skills training;
- o on-the-job work experience;
- o recommended medical treatments; and
- o counseling and physical rehabilitation activities.

Please answer the following questions concerning this individual's medical condition(s):

1. How frequently is the patient scheduled to meet with you?

Once a month

Regarding current course of treatment, how long have you been meeting with this patient?

One year

When is your next scheduled appointment with this patient?

Two months

2. Are you aware of any other health care professionals who are currently treating this person? If yes, please identify provider name and purpose of treatment:

Dr. Stuart Woodly, primary care physician

3. Diagnosis/Condition: Fibromyalgia

4. Prognosis: (if the patient's condition is related to pregnancy, please enter the expected date of birth)

No cure, will continue to treat symptoms for better quality of life

DCF-F-DWSP2012 (R. 10/2018)

5. When did your patient's symptoms begin (estimate date)?

Two years ago

Is it likely that your patient's symptoms will last 6 months or longer?  Yes  No

Is it likely that your patient's symptoms will last 12 months or longer?  Yes  No

6. What kind of treatment plan is the patient involved in? What is the expected outcome?

Daily medications to help control pain and weekly physical therapy to maintain strength and flexibility. Expected to continue current treatment unless symptoms worsen.

If schedule for treatment plan is known, please include below or attach:

N/A

7. What type of environment or conditions could help this person function most effectively in a variety of daily activities? A slower paced, stress-free or low-stress environment

8. This individual may have his/her vocational capacity assessed. What, if any, accommodations should be provided for the assessment? Morning or mid-day assessment as that is when Kylo reports having the least amount of pain.

9. Is the patient attending scheduled appointments?  Yes  No

If no, please explain and list missed appointment dates:

Do you attribute the missed appointments to the impairment(s)?

Yes  No

10. Identify any psychological conditions that you are aware of:

Depression

Somatoform disorder

Psychological factors affecting physical condition

Anxiety

Personality disorder

Other: \_\_\_\_\_

11. Physical Capacities

Maximum ability to lift and carry on an occasional basis (no more than 2 hours out of an 8 hour day).

No limitation  100 lbs.  50 lbs.  20 lbs.  10 lbs.  Other \_\_\_\_\_

Maximum ability to lift and carry on a frequent basis (no more than 6 hours out of an 8 hour day)

No limitation  100 lbs.  50 lbs.  20 lbs.  10 lbs.  Other \_\_\_\_\_

Maximum ability to stand and walk (with normal breaks) during an 8 hour day.

No limitation  no more than 6 hours  no more than 2 hours  Other \_\_\_\_\_

How many city blocks can this individual walk without rest or severe pain? Three blocks

Maximum ability to sit (with normal breaks) during an 8 hour day.

No limitation  no more than 6 hours  no more than 2 hours  Other \_\_\_\_\_



For questions 12-14 below, "rarely" means 1%-5% of an eight-hour workday; "occasionally" means 6%-33% of an eight-hour workday; and "frequently" means 34%-66% of an eight-hour workday.

12. How often can this individual perform the following activities?

Activity	Never	Rarely	Occasionally	Frequently
Look down (sustained flexion of neck)			X	
Turn head right or left				X
Look up			X	
Hold head in static position				X
Twist		X		
Stoop (bend)			X	
Crouch/squat			X	
Climb ladders		X		
Climb stairs			X	

13. Does this patient have significant limitations with reaching, handling, or fingering?  Yes  No

If yes, please indicate the percentage of time during an 8-hour day that your patient can use hands/fingers/arms for the following activities:

Activity		Never	Rarely	Occasionally	Frequently
<b>Hand:</b> Grasp, turn twist objects	<b>Right</b>				X
	<b>Left</b>				X
<b>Fingers:</b> Fine finger manipulation	<b>Right</b>				X
	<b>Left</b>				X
<b>Arm:</b> Reaching (include overhead)	<b>Right</b>			X	
	<b>Left</b>			X	

14. If your patient's symptoms interfere with performance of simple work task, please estimate the frequency of interference?  
 Never  Rarely  Occasionally  Frequently

15. What is your assessment of this individual's ability to communicate and see?  
Condition has no impact on communication or vision

16. Is your patient making positive progress?  Yes  No

Please describe the progress or lack of progress.

Current series of medication and physical therapy seem to be working. Will adjust as needed, but is stable for now.

17. Are the patient's impairments likely to produce 'bad' days?  Yes  No

If yes, on the average, how often do you anticipate that your patient's impairments would become acute so that the patient would be absent from work and/or other W-2 activities?

- Once per month or less       Over twice per month  
 About twice per month       More than 3 times per month

18. Does this person's medication(s) or treatment cause side affects that impact his/her ability to participate in a work/education environment (e.g., drowsiness, dizziness, nausea, etc.)?  
 Yes  No

If "Yes" specify: Drowsiness, lack of appetite

19. Does this person require any adaptive devices or other accommodations to help him/her function effectively in a work/education environment (e.g., assistive device for ambulation, need to alternate positions frequently, limits on pushing and pulling, operating hand or foot controls, accommodations for bending and stooping, part-time or flexible work schedule, etc.)?

Yes  No  Unknown

If "Yes" describe what is needed:

Flexible schedule, ability to take more frequent breaks, vary sitting and standing every 1-2 hours, cane may be needed to walk occasionally

20. Identify any of the following that your patient is likely to experience:

- |   |  |
|---|--|
| <input type="checkbox"/> Low tolerance for frustration                              | <input type="checkbox"/> Difficulty maintaining activities of daily living |
| <input type="checkbox"/> Difficulty communicating his/her needs                     | <input type="checkbox"/> Difficulty with decision making                   |
| <input type="checkbox"/> Difficulty following instructions                          | <input type="checkbox"/> Difficulty following through on agreed actions    |
| <input type="checkbox"/> Inability to work with children                            | <input type="checkbox"/> Panic attacks                                     |
| <input type="checkbox"/> Difficulty working around other people                     | <input type="checkbox"/> Difficulty with reality interpretation            |
| <input type="checkbox"/> Difficulty controlling anger appropriately                 | <input type="checkbox"/> Difficulty being in unfamiliar environment        |
| <input type="checkbox"/> Socially inappropriate responses to situations             | <input type="checkbox"/> Difficulty with impulse control                   |
| <input type="checkbox"/> Seizures   | <input type="checkbox"/> Difficulty maintaining concentration              |
| <input type="checkbox"/> Difficulty engaging in complex tasks that require judgment | <input type="checkbox"/> Other: _____                                      |

21. Please recommend any other activities and services not included in your treatment plan that may help this individual further address his/her mental health impairment:

- |   |  |
|---|--|
| <input type="checkbox"/> Assessment (please specify type)<br>_____      | <input type="checkbox"/> Treatment and/or counseling (please specify)<br>_____ |
| <input type="checkbox"/> Advocacy for Social Security Income/Disability | <input type="checkbox"/> Other _____   |

22. Additional Recommendations or Restrictions: Continued physical therapy, it is important for Kylo to not overdo activity even on good days as this can cause symptoms to worsen

23. Considering this patient's condition(s) and limitation(s) please indicate below what activities related to work and training you would recommend?

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> work/work experience activities     | <input checked="" type="checkbox"/> job skills training             |
| <input type="checkbox"/> adult basic education/literacy                 | <input checked="" type="checkbox"/> supported job search activities |
| <input checked="" type="checkbox"/> job readiness/life skills workshops | <input type="checkbox"/> other                                      |

If no recommendations, please explain:

\_\_\_\_\_

24. Estimate the number of hours a day (5 days a week) this individual can participate in work/work readiness activities within these recommendations : No restriction as long as accommodations are provided

25. If you have indicated anywhere on this form that this patient is unable to participate in W-2 activities, please explain:

\_\_\_\_\_

26. Given your patient's current medical condition(s), please specify a date when the recommendations that you have provided should be reviewed: One year

Name of Professional Provider	Title	Telephone Number
Dr. Leyton Schwartz	Rheumatologist	920-848-5100
Signature of Professional Provider		Date Signed
<i>Dr. Leyton Schwartz</i>		3/13/2019

Return completed form to:

Name of Agency Representative		Address		Date Sent
Wendy Williamson		2201 Oregon St		3/1/2019
City	State	Zip Code	Telephone Number	Fax Number
Oshkosh	WI	54902	920-255-6645	920-255-6655

## O\*NET Interest Profiler: Career List

### Your interest results:

<b>Realistic</b>	<b>34</b>
Investigative	12
Artistic	10
<b>Social</b>	<b>15</b>
<b>Enterprising</b>	<b>21</b>
Conventional	5

### Your Job Zone:

**Job Zone**  
**Two**  
Some Preparation  
Needed

### Careers that fit your interests and preparation level:

 Best fit  Great fit

-  Agricultural Equipment Operators
-  Aircraft Structure, Surfaces, Rigging, & Systems Assemblers
-   Ambulance Drivers & Attendants
-  Animal Breeders
-   Animal Trainers
-  Athletes & Sports Competitors
-  Automotive Body & Related Repairers
-  Automotive Glass Installers & Repairers
-  Bus Drivers, Transit & Intercity
-  Cabinetmakers & Bench Carpenters
-  Carpet Installers
-  Cleaning, Washing, & Metal Pickling Equipment Operators & Tenders
-   Construction Laborers
-   Cooks, Restaurant
-   Couriers & Messengers
-  Cutting & Slicing Machine Setters, Operators, & Tenders

-  Dredge Operators
-  Driver/Sales Workers
-  Electrical & Electronic Equipment Assemblers
-  Excavating & Loading Machine & Dragline Operators
-  Extruding & Drawing Machine Setters, Operators, & Tenders, Metal & Plastic
-  Extruding & Forming Machine Setters, Operators, & Tenders, Synthetic & Glass Fibers
-   Floor Sanders & Finishers
-  Food & Tobacco Roasting, Baking, & Drying Machine Operators & Tenders
-  Forest Firefighters
-  Furniture Finishers
-  Gas Compressor & Gas Pumping Station Operators
-   Glaziers
-  Grinding, Lapping, Polishing, & Buffing Machine Tool Setters, Operators, & Tenders, Metal & Plastic
-   Helpers--Brickmasons, Blockmasons, Stonemasons, & Tile & Marble Setters
-   Helpers--Pipelayers, Plumbers, Pipefitters, & Steamfitters
-  Hoist & Winch Operators
-  Insulation Workers, Floor, Ceiling, & Wall
-   Laborers & Freight, Stock, & Material Movers, Hand
-  Machine Feeders & Offbearers
-  Manufactured Building & Mobile Home Installers
-   Mechanical Door Repairers
-  Mine Cutting & Channeling Machine Operators
-  Mine Shuttle Car Operators
-  Molding & Casting Workers
-  Multiple Machine Tool Setters, Operators, & Tenders, Metal & Plastic

























O\*NET Interest Profiler: Career List at My Next Move

<https://www.mynextmove.org/explore/ip-print?t=o&z=2&i=3...>

-  Nursery Workers
-   Outdoor Power Equipment & Other Small Engine Mechanics
-   Packers & Packagers, Hand
-  Painters, Construction & Maintenance
-   Paving, Surfacing, & Tamping Equipment Operators
-   Pipelayers
-  Rail-Track Laying & Maintenance Equipment Operators
-  Railroad Brake, Signal, & Switch Operators
-  Roof Bolters, Mining
-   Roofers
-   Rotary Drill Operators, Oil & Gas
-   Segmental Pavers
-  Sheet Metal Workers
-  Shoe Machine Operators & Tenders
-  Solderers & Brazers
-  Tapers
-  Taxi Drivers & Chauffeurs
-  Telecommunications Line Installers & Repairers
-   Terrazzo Workers & Finishers
-  Textile Bleaching & Dyeing Machine Operators & Tenders
-  Textile Cutting Machine Setters, Operators, & Tenders
-  Timing Device Assemblers & Adjusters
-  Tool Grinders, Filers, & Sharpeners
-   Tree Trimmers & Pruners
-  Upholsterers

O\*NET Interest Profiler: Career List at My Next Move

<https://www.mynextmove.org/explore/ip-print?t=o&z=2&i=3...>

-  Adhesive Bonding Machine Operators & Tenders
-  Aircraft Cargo Handling Supervisors
-  Baggage Porters & Bellhops
-  Bailiffs
-  Bakers
-  Butchers & Meat Cutters
-  Chemical Equipment Operators & Tenders
-  Chemical Plant & System Operators
-  Cleaners of Vehicles & Equipment
-  Continuous Mining Machine Operators
-  Correctional Officers & Jailers
-  Engine & Other Machine Assemblers
-  Etchers & Engravers
-  Furnace, Kiln, Oven, Drier, & Kettle Operators & Tenders
-  Geothermal Technicians
-  Heat Treating Equipment Setters, Operators, & Tenders, Metal & Plastic
-  Helpers--Carpenters
-  Helpers--Electricians
-  Helpers--Roofers
-  Janitors & Cleaners
-  Lifeguards, Ski Patrol, & Other Recreational Protective Service Workers
-  Locksmiths & Safe Repairers
-  Milling & Planing Machine Setters, Operators, & Tenders, Metal & Plastic
-  Millwrights
-  Motorboat Operators

O\*NET Interest Profiler: Career List at My Next Move




<https://www.mynextmove.org/explore/ip-print?t=o&z=2&i=3...>

-   Ophthalmic Laboratory Technicians
-  Painting, Coating, & Decorating Workers
-  Pest Control Workers
-  Pesticide Handlers, Sprayers, & Applicators, Vegetation
-  Petroleum Pump System Operators, Refinery Operators, & Gaugers
-  Plating & Coating Machine Setters, Operators, & Tenders, Metal & Plastic
-  Pourers & Casters, Metal
-  Rail Car Repairers
-  Rail Yard Engineers, Dinkey Operators, & Hostlers
-   Refuse & Recyclable Material Collectors
-  Rolling Machine Setters, Operators, & Tenders, Metal & Plastic
-   Security Guards
-   Shampooers
-   Structural Iron & Steel Workers
-   Team Assemblers
-  Textile Winding, Twisting, & Drawing Out Machine Setters, Operators, & Tenders
-  Tire Repairers & Changers
-  Transportation Security Screeners
-   Weatherization Installers & Technicians

**Other careers that fit your interests:**

**Job Zone One: Little or No Preparation Needed**

 **Best fit**  **Great fit**

-   Cement Masons & Concrete Finishers
-  Conveyor Operators & Tenders













O\*NET Interest Profiler: Career List at My Next Move

<https://www.mynextmove.org/explore/ip-print?t=o&z=2&i=3...>

-   Counter Attendants, Cafeteria, Food Concession, & Coffee Shop
-  Fabric Menders
-  Farmworkers & Laborers, Crop
-  Farmworkers, Farm, Ranch, & Aquacultural Animals
-   Fishers & Related Fishing Workers
-  Helpers--Painters, Paperhangers, Plasterers, & Stucco Masons
-   Hunters & Trappers
-  Meat, Poultry, & Fish Cutters & Trimmers
-  Plasterers & Stucco Masons
-   Roustabouts, Oil & Gas
-   Septic Tank Servicers & Sewer Pipe Cleaners
-  Bridge & Lock Tenders
-  Dishwashers
-  Fallers
-  Laundry & Dry-Cleaning Workers

**Job Zone Three: Medium Preparation Needed**

 **Best fit**  **Great fit**

-  Automotive Master Mechanics
-  Boilermakers
-   Commercial Divers
-  Computer-Controlled Machine Tool Operators, Metal & Plastic
-  Forest & Conservation Technicians
-  Motorcycle Mechanics
-  Municipal Firefighters
-   Pipe Fitters & Steamfitters

O\*NET Interest Profiler: Career List at My Next Move

<https://www.mynextmove.org/explore/ip-print?t=o&z=2&i=3...>

-  Radio, Cellular, & Tower Equipment Installers & Repairers
-   Radiologic Technologists
-   Refrigeration Mechanics & Installers
-   Stonemasons
-  Tailors, Dressmakers, & Custom Sewers
-  Traffic Technicians
-  Automotive Engineering Technicians
-  Automotive Specialty Technicians
-   Barbers
-  Bus & Truck Mechanics & Diesel Engine Specialists
-   Chefs & Head Cooks
-  Commercial Pilots
-  Electric Motor, Power Tool, & Related Repairers
-  Electrical & Electronics Repairers, Powerhouse, Substation, & Relay
-  Electricians
-  Electronic Home Entertainment Equipment Installers & Repairers
-  First-Line Supervisors of Agricultural Crop & Horticultural Workers
-  First-Line Supervisors of Animal Husbandry & Animal Care Workers
-  Forest Fire Fighting & Prevention Supervisors
-  Gem & Diamond Workers
-   Hazardous Materials Removal Workers
-  Manufacturing Production Technicians
-   Medical Appliance Technicians
-  Mobile Heavy Equipment Mechanics
-  Model Makers, Metal & Plastic






O\*NET Interest Profiler: Career List at My Next Move

<https://www.mynextmove.org/explore/ip-print?t=o&z=2&i=3...>

-  Motorboat Mechanics & Service Technicians
-  Municipal Fire Fighting & Prevention Supervisors
-  Nuclear Power Reactor Operators
-  Pilots, Ship
-  Police Patrol Officers
-  Potters, Manufacturing
-  Precious Metal Workers
-   Radiologic Technicians
-   Security & Fire Alarm Systems Installers
-  Sheriffs & Deputy Sheriffs
-  Ship & Boat Captains
-  Signal & Track Switch Repairers
-   Solar Thermal Installers & Technicians
-  Telecommunications Engineering Specialists
-  Transit & Railroad Police
-  Umpires, Referees, & Other Sports Officials
-   Veterinary Assistants & Laboratory Animal Caretakers
-  Water & Wastewater Treatment Plant & System Operators
-  Welders, Cutters, & Welder Fitters
-   Wind Turbine Service Technicians

**Job Zone Four: High Preparation Needed**

 **Best fit**  **Great fit**

-   Coaches & Scouts
-  Computer Network Support Specialists
-  Fish & Game Wardens
-  Foresters






O\*NET Interest Profiler: Career List at My Next Move

<https://www.mynextmove.org/explore/ip-print?t=o&z=2&i=3...>

-  Museum Technicians & Conservators
-  Soil & Water Conservationists
-  Wind Energy Engineers
- Automotive Engineers
- Farm & Ranch Managers
- Sales Engineers

**Job Zone Five: Extensive Preparation Needed**

 Best fit  Great fit

-  Environmental Restoration Planners
-  Acupuncturists
-  Anesthesiologist Assistants
-  Athletic Trainers
-  Chiropractors
- Farm & Home Management Advisors
- Fuel Cell Engineers
-  Human Factors Engineers & Ergonomists
-  Oral & Maxillofacial Surgeons
-  Surgeons

**Special Notice: Proper Use of O\*NET Interest Profiler Results**

You **should use** your **O\*NET Interest Profiler** results to explore the world of work and identify careers that may satisfy what is important to you in a job-your interests. You will be able to look at the interests satisfied by careers and compare them to your own interests. Talk to a vocational/employment counselor or teacher for more help on how to use your **O\*NET Interest Profiler** results.

Your **O\*NET Interest Profiler** results **should not be used** for employment or hiring decisions. Employers, education programs, or other job-related programs should not use your results as part of a screening process for jobs or training.

If you think that your **O\*NET Interest Profiler** results are being used incorrectly, talk to your vocational/employment counselor, teacher, or program administrator. You also can contact the National Center for O\*NET Development for assistance.

O\*NET Interest Profiler: Career List at My Next Move

<https://www.mynextmove.org/explore/ip-print?t=o&z=2&i=3...>

National Center for O\*NET Development  
Attention: Customer Service  
P.O. Box 27625  
Raleigh, NC 27611  
Email: [O\\*NET Customer Service](mailto:onet@onetcenter.org) (onet@onetcenter.org)

## Appendix C: Serina

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Serina is a 22-year-old parent of three children, ages five, four, and two. She lives with her boyfriend, but he is not the father of any of her children. She does not have custody of her five-year-old son.

Serina speaks English and does not know any other languages. She worked as a bartender for several years, which she liked. Serina found it exciting to meet new people, and felt it was more like hanging out with friends than work. She volunteered at the local animal shelter prior to her youngest child being born. Serina participated in Upward Bound in high school, a program that helps participants gain college entrance. When she found out she was pregnant with her oldest son, she decided to get a job to support her family instead of going to college. Serina got her GED from Fox Valley Technical College five years ago. She does not have any post-secondary education or military experience. Serina has lived with her boyfriend, Martin, for seven months in a local low-income housing apartment complex. She pays the rent, and Martin pays the utilities. Prior to that, she lived with her ex-boyfriend for two years.

Serina has her own vehicle but is behind on car payments. She spoke with her bank and they are willing to work with her. The bank lowered her monthly payments but stated that if she is late one more time, they will start the repossession process. Serina's vehicle registration and insurance are current. She received a misdemeanor possession conviction six months ago. Serina is on probation for that charge and meets with her PO every other week. She has a custody hearing for her oldest child scheduled in six weeks. Serina participates in a court ordered AODA program. She meets with a counselor weekly and a technician daily for her Suboxone treatment. She started using drugs to cope with reoccurring back pain, which she sustained in a horse-riding accident in her early teens. Her back issue also causes her legs to go numb when she stands for long periods of time, which is preventing her from working as a bartender.

Serina's oldest son was removed from the home due to him being present when she was arrested for possession. He has a child welfare worker who meets with Serina weekly for parenting classes. This is part of the agreement for her to get custody back. Until then, he lives with Serina's mother. Serina believes her mother doesn't want her to gain custody back, which causes tension and lack of communication between the two. Because she is cooperating with the child welfare worker, she does get supervised visitation three nights a week. There is no formal child care plan in place for Serina's other children. Martin is willing to watch the children when she has appointments, but there is no back-up plan. Serina does not have contact with any of her children's fathers. Child support is ordered, but she hasn't received any payments.