

**Western Connecticut Mental Health Network
Supported Employment & Supported Education Services
Notification of Interest**

- Supported Employment (*forward directly to Employment Specialist assigned to team.*)
 Supported Education (*forward to the WCMHN local area office for utilization management.*)

If interested in receiving both services, make a copy of the completed form & forward as instructed above.

1. Individual Expressing Interest

Name: _____ **Date:** _____

2. Statement of Interest

Why, in his/her own words, is the individual interested in participating in Supported Employment or Education?

3. Additional Information

- Is the Individual authorized to work in the United States? (U.S. Citizen or Green Card) Yes No
- Is the individual currently active in the service system? Yes No
- Does the individual have a conservator? Yes No
- Current MGAF Score: _____ Highest MGAF in the Past Year: _____

4. Benefits (provide approximate monthly amounts)

SSI _____ SSDI _____ TANF _____ W/C _____ VA _____
Title XIX _____ SAGA _____ Other _____ No Benefits _____

5. Team Assignment Is the interested person on a WCMHN-operated Team? Yes No

If YES, attach a copy of the Face sheet in lieu of the information below. Complete an **AUTHORIZATION TO OBTAIN AND DISCLOSE PROTECTED HEALTH INFORMATION**. Forward these as directed above.

If NO, complete sections below. Forward form and a completed release of information form as directed above.

6. Demographic and Diagnoses Update

DOB: _____ **Social Security Number:** _____

Address: _____

Phone #: _____ Gender: _____ Martial Status: _____ Race: _____ Hispanic Y/N: _____

Language: _____ Religion: _____ Living Situation: _____ Employment Status: _____

Diagnoses Axis I _____

Diagnoses Axis 2 _____

7. Primary Clinician/Case Manager

Name: _____ Agency: _____

Address: _____ Phone #: _____

Fax#: _____ Email: _____

8. Emergency Contact

Name: _____ Relationship: _____

Address: _____ Phone #: _____