

Employment and Community First CHOICES (ECF CHOICES) Discovery Report Template

1. Member information
Member name:
Member identification number:
2. Discovery provider information
Provider name:
Provider identification number:
Discovery facilitator name: If more than one person, list all names.
Lead discovery facilitator cellphone:
Email:
Date authorization for discovery service received:

Important note: You are not permitted to use or disclose Protected Health Information about individuals who you are not treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.

3. Background information

Complete this as one of the first discovery activities and use it to inform the remainder of the discovery process. If ECF CHOICES exploration service was completed prior to discovery, review and use (as appropriate) information from the exploration report.

Education level:	
Reading level:	
Math level:	
Money skills:	
Work history: (Note if references are available)	
Internship/work experience history: (Note if references are available)	
Volunteering history: (Note if references are available)	
Chores consistently done: (For family, friends, neighbors, etc.)	

Background information (cont.)	
Current benefits received:	
Existing connections to local businesses (including those of their family and friends): (Note business name, nature of connection, etc.)	
Reported (not yet verified) interests related to work:	
Reported (not yet verified) skills related to work:	
Potential sources of transportation for work:	
Reported (not yet verified) conditions necessary for success in work:	

4. Discovery service log

Date service started:

Date service completed:

Complete a separate line for each job development plan service activity:

Date of service:	Activity and location: (If person demonstrated/tried specific tasks, briefly note these. Note person's reaction: positive, neutral or negative. If positive or negative reaction, note reason.)	Time spent completing activity: (In quarter hours, including travel time with person)	Staff travel time associated with activity: (In quarter hours, without person)	Staff miles driven: (During travel with and without the person)

5. Discovery profile		
A. Strong, verified interests connected to businesses or self-employment options: List a maximum of five interests; be sure to use the strongest interests identified through discovery.		
Interest:	How verified as a strong interest? (Multiple ways of verifying should occur.)	Types of businesses or self-employment ventures that the interest best matches: (Consider existing connections of individual, family and friends to local businesses. See background information section above.) (List up to five types)
1.		1.
		2.
		3.
		4.
		5.
2.		1.
		2.
		3.
		4.
		5.

Strong, verified interests connected to businesses or self-employment options: (cont.)

List a maximum of five interests; be sure to use the strongest interests identified through discovery.

Interest:	How verified as a strong interest? (Multiple ways of verifying should have occurred.)	Types of businesses or self-employment ventures that the interest best matches: (Consider existing connections of individual, family and friends to local businesses. See background information section above.) (List up to five types)					
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B. Specific skills and tasks person could offer to a business or utilize in self-employment:
 List all verified skills or tasks identified during discovery process.

Verified skill or task:	How verified as a skill or task the person possesses (or could be taught)?	From section 5A, list the types of businesses or self-employment ventures where this verified skill or task would be most valued:
		1. 2. 3. 4. 5.
		1. 2. 3. 4. 5.
		1. 2. 3. 4. 5.

Specific skills and tasks person could offer to a business or utilize in self-employment (cont.):

List all verified skills or tasks identified during discovery process.

Verified skill or task:	How verified as a skill or task the person possesses (or could be taught)?	From section 5A, list the types of businesses or self-employment ventures where this verified skill or task would be most valued:
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		<ol style="list-style-type: none"> 1. 2. 3. 4. 5.
		<ol style="list-style-type: none"> 1. 2. 3. 4. 5.

C. Conditions necessary for success of individual and preferences to keep in mind: List all verified skills or tasks identified during discovery process.		
Type of condition:	Essential conditions necessary for success of the member:	Preferences: (Desired, but not essential)
Work schedule: (Hours, days and times of day)		
Work location/distance from home:		
Physical accessibility:		
Type of work environment:		
Supervisor traits:		
Co-worker traits:		
Reasonable accommodations:		
Employer flexibility:		
Personal care-related conditions:		
Job coach traits or training:		
Other types of conditions:		

D. Other critical and important information learned through discovery:

6. Conclusions from discovery process		
Strongest personality traits to market to employers:		
Strongest combination of interests and skills/tasks:		
Which is best option: wage employment or self-employment? Why?	<input type="checkbox"/> Wage employment <input type="checkbox"/> Self-employment	Why?
If wage employment is best option, where should efforts be focused?	Local businesses:	Business needs the person could meet: (List all for each local business identified)
	1.	
	2.	
	3.	
	4.	
	5.	
	6.	
	7.	
	8.	
	9.	
	10.	

Conclusions from discovery process (cont.)		
<p>If self-employment is best option, what kind of goods and/or services should be focused on initially?</p>	<p>Goods:</p>	<p>Services:</p>
<p>How can person help with their job or self-employment development?</p>		
<p>How can person's family or friends help with job or self-employment development?</p>		

Conclusions from discovery process (cont.)			
What are the top five skills or habits the person should work on while pursuing work?	1.		
	2.		
	3.		
	4.		
	5.		
Has vocational rehabilitation (VR) application been done?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date done:	Eligibility known? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other notes and/or recommendations related to next steps:			

Date submitted to funding source (managed care organization/VR):
Name of discovery facilitator who authored this report:
Signature of discovery facilitator who authored this report:
Report received by (Name):
Report reviewed for adequacy and approved by (Name):
Date report approved: