Work Is Everyone’s Business
Recovery Oriented Employment Services Toolkit

State of Connecticut
Department of Mental Health and Addiction Services
410 Capitol Avenue, P.O. BOX 341431, Hartford, CT 06134
Agency Number: (860) 418-7000 or Toll free: 1-800-446-7348
Hearing Impaired: (860) 418-6707
www.ctgov/dmhas
Recovery Oriented Services (ROES) Guide Team

For the past four years, a small group of representatives from various State and provider agencies has been meeting to discuss and review employment practices that serve people in recovery from addiction disorders.

Although the team has gone through various ups and downs, it has morphed into a core group of people who share the belief that employment is a critical ingredient of the recovery process and the sense of community belonging (as cited in the Department’s Recovery Oriented Employment Services Vision Statement in 2003). This team of dedicated people has given selflessly of their time and talent in developing this toolkit. We sincerely hope it is helpful in conveying the message:

RECOVERY IS WORKING!

ROES Provider Toolkit Team Members:

Michael Bartley  Department of Labor
Anthony Corso   Connecticut Renaissance
Diana Desnoyers  CT Community for Addiction Recovery (CCAR)
Steve Dombrowski Office of Workforce Competitiveness/Dept. of Labor
Vicki Dyar   The APT Foundation
James McNeill  Connecticut Valley Hospital (CVH)
Jazmin Molina  Department of Correction
Jorge Perez   Crossroads
Lori Rugle  Department of Mental Health and Addiction Services
Lew Slotnick  United Labor Agency
Kim Turner-Haugabook Stonington Institute
Mary Wolak  Connecticut Valley Hospital

For more information contact: Linda Guillorn (860) 418-6732
DMHAS Funded Employment Agency Listing

- **ADRC. Tim Waters, (806) 721-3701 ext. 53070**
  - American School for the Deaf

- **APT Vocational Services, Vicki Dyar, (203) 781–4670**
  - Bridges, a Community Support System, Inc.
  - Chrysalis Center, Inc.
  - City of Bridgeport
  - Community Consultation Board
  - Community Enterprises, Inc.
  - Community Mental Health Affiliates
  - Community Work (CW) Resources
  - DATAHR Rehabilitation Institute, Inc.
  - Easter Seals Employment Industries of Waterbury
  - Easter Seals Greater Hartford Rehabilitation Center, Inc.
  - Easter Seal Goodwill Industries Rehabilitation Center, Inc.
  - Education Connection
  - Fellowship Place
  - First Step
  - Genesis Center, Inc.
  - Goodwill Industries of Western Connecticut
  - Harbor Health Services, Inc.
  - Human Resource Development of Naugatuck (HRD)
  - Inter-Community Mental Health
  - Kennedy Center
  - Keystone House, Inc.
  - KUHN Employment Opportunities
  - Laurel House
  - Marrakech Day Services, Inc.
  - Mental Health Association, Inc.
  - Mid-State Behavioral Health System, Inc.
  - Prime Time House
  - Rehabilitation Center of Southwestern Connecticut, Inc.
  - Reliance House, Inc.
  - Search for Change

- **United Labor Agency, Lew Slotnick, (806)347-8060**
  - United Services
  - Valley Mental Health Center, Inc.
  - Yale Psychiatric Institute/WAGE

*Agencies in bold specialize in working with individuals with substance abuse disorders*
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Section II - Department of Labor Job Search Guide

Section III - Resources for addressing barriers to employment

  - Roadblocks to Re-entry
  - Know your rights
  - Dealing with criminal histories
  - How to apply for a Pardon

Section IV - Documents you need to be employed

Section VI - Fidelity Review
Name ______________________________________________ Date of Birth______________________

Address ______________________________________________________________________________________

City/Town, State, Zip__________________________________Telephone________________________

Soc. Sec. #___________________________ Referred by _____________________________________

Gender: ____________________________ Home Life: ____________________________

___ Male      —— Head of Household (Yes/No)

___ Female      ____Number of Dependents

Race/Ethnic Background: ____________________________ Marital Status: ____________________________

—— White      ___ Single

___ African American     ___ Married

___ Hispanic      ___ Divorced

___ Asian      ___ Co-habitation

___ American Indian     ___ Separated

___ Other (Please Specify)____________

Education (check highest level achieved) ____________________________ Income Status: ____________________________

___ Elementary      ___ Collecting Unemployment

___ Some High School     ___ Gainful Employment

___ High School Graduate/GED      ___ Workers Compensation

___ Some College/Technical ___ SSI/SSDI

___ College Graduate      ___ TANF

___ Attending GED Preparation ___ SNAP

___ Attending College ___ Veteran’s Benefits

___ Attending Technical School ___ SAGA

___ Attending Evening High School ___ Other (please specify) _______

___ Attending Literacy Volunteers __________ Weekly Income

Employment Status: (check all that apply) ____________________________

_____Unemployed      _____Part Time      _____Volunteer_____In Training      _____ In Treatment

Other (please specify)__________________________________________________________________________

If employed:  Employer’s Name and Address: ______________________________________________________

____________________________________________________________________________________________

Last Date Worked ___/___/___  Last Wage Earned/Hour:________   Length of Unemployment (Weeks) _______
Veteran’s Status:

- Not a Veteran
- Disabled
- Vietnam Veteran
- Enduring Freedom
- Iraqi Freedom
- Other

___________ Date of Discharge
___________ Type of Discharge (Honorable Dishonorable, General, Medical)

Obstacles to Seeking Employment:

- Transportation
- In Treatment
- Day Care
- Child Support
- Lack of Experience
- Lack of Skills
- Lack of Education
- Disability
- Dislocated Worker
- Displaced Homemaker
- Limited Language Skills
- Older Worker
- Mental Health History (anxiety, depression, other)
- Conviction Record
- Pending Cases
- Parole
- Currently on Probation
- Completed Probation
- Misdemeanor
- Substance Abuse History
- Problem Gambling History
- Credit History
- Other (please specify)

Housing:

- Independent
- Living with others
- Staying with family
- Half-way house
- Sober House
- Transitional Living
- Homeless

Behavioral Health History

- Alcohol
- Marijuana
- Cocaine
- Hallucinates
- Heroin
- Opiates
- Problem Gambling
- Received In-patient or Outpatient Services for Psychiatric Disorders
- Do you take medications?
- Other Combination (please specify)

Notes: ____________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Date of Initial Contact: ___/___/___

Follow-Up: ___/___/___

Counselor/Reviewer’s Signature

Program Participant’s Signature

Adapted from ULA Client Demographic Profile 1/20/10 (page 2 of 2)
Barriers that may be identified and ways to discuss solutions:

**Lack of Transportation**
Bus, Car pool, Walk. Bike, DATTCO, Train, Ride works, Basic Needs, ATR Program, keep money for a taxi in case of emergency.

**In Treatment:**
If you are on medication which makes you sleepy or drowsy learn to identify what times of the day you are most awake, and schedule job searches and or interviews between those hours. Remember you want to look your best, feel your best, so that you can be the best. Know what your flexibility is before you begin a job search, only come to days/hours that you are capable of working

**Lack of Childcare**
Call info line (211), apply through the Department of Social Services for payment of childcare, teach how to interview potential sites.

**Child Support:**
Determine whether child support has been ordered and when the last time they paid. Encourage the individual to modify their amount. Info on how to do this is located at [www.gov/dss/cwp](http://www.gov/dss/cwp)

**Lack of Experience/References:**
Begin talking to friends (absolutely no family members), ask a prior employer or co-worker with whom you have a positive relationship, Minister, Grocer, or someone who you have done volunteer work for. Possibly do volunteer work while job seeking. This will enable you to gain skills and recent work experience. [www.serve.gov](http://www.serve.gov)

**Lack of Job Seeking Skills**
Attend vocational classes/Job Seeking Skills Workshops, utilize the library, internet, and workshops at CT Works, PRACTICE and PRACTICE. A nice curriculum is available on [www.ct.gov/dol](http://www.ct.gov/dol)

**Lack of Education**
Attend GED classes, take English as a second language (ESL) classes, utilize the internet to investigate education and training programs, consider non-credit and continuing education courses for personal enrichment, computer literacy at a community college and/or CT Works. A program to assist individuals with enrolling in college is available at: [www.contacinc.org](http://www.contacinc.org)
Displaced Home Maker/ Lack of recent work history
Focus on transferable skills, volunteer experience, self-employment, things you did as a homemaker or work experience while incarcerated, learn how to discuss gaps in an interview.

Limited Language Skills
Take a refresher course at Adult Education, utilize spell check/grammar check, do not use words you cannot pronounce or do not know what they mean, use a dictionary.

Ageism, racism, sexism, and physical appearance
Focus on strengths, present yourself with confidence, this may help others overcome their prejudices, if you feel you are being discriminated against you may not want to work for the employer, get a trusted friend to look at how you present.

Criminal History
Request a copy of your record, learn how to discuss in an interview. Do not offer too much/too explicit information. Begin the pardon process. Info on how to do this is located at: www.lac.org

Addiction History
No need to discuss, protected under the ADA and confidentiality law, do not offer too much information. Look for work that does not interfere with treatment commitments. This website has wonderful talking tips anr info about rights www.askjan.org

Lack of Motivation
Create a schedule and stick to it. Volunteer, attend self help groups, etc. See your clinician to let him/her know how you are feeling. Reward yourself as you progress with each small step, build on your successes. www.refresher.ocm/mindfulnetwork/articlelive/

Problem Gambling/Credit Problems
For individuals that feel their credit report may interfere with getting a job help them know the facts : www.ct.gov/dmhas and www.ftcgov

No one has hired you
Be persistent/ask why, ask for ways to improve, ask what skills did the person have who was hired, practice interview techniques with people you know and do not know and ask for constructive feedback, don’t react and don’t take things personally.

Ageism, racism, sexism, and physical appearance
Focus on strengths, present yourself with confidence, this may help others overcome their prejudices, if you feel you are being discriminated against you may not want to work for the employer, get a trusted friend to look at how you present.
**Work hours/medication/counseling times**

If you are on medication which makes you sleepy or drowsy learn to identify what times of the day you are most awake, and schedule job searches and or interviews between those hours. Remember you want to look your best, feel your best, so that you can be the best. Know what your flexibility is before you begin a job search, only come to days/hours that you are capable of working.

**Lack of a resume/outdated resume**

Complete the resume worksheet and schedule an appointment to meet with your AVS counselor to develop a marketable resume. If you already have one, ask for feedback and make the appropriate changes. The CT Works has individuals to help build and develop resumes.

Notes: ______________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
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____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
1. Name______________________________ DOB_____________ Soc. Sec. #________________

2. Address_____________________________________________________________________

3. Phone___________________ Head of Household? ____ # Dependents___# in Family)_______

4. Education (last grade completed or GED)_______ Special Courses/Training________________

5. Military Service?________ From__________ To__________ Highest Rank______________________

6. What type of work did you do?_________________________________________________________

7. What type of discharge?______________________Do you receive veteran’s benefits? ________

8. I would like work that is: (check all that apply)   Full Time ____ Part Time____ Temporary ____ Permanent_____

9. I am **interested** in the type of work I have checked below:

<table>
<thead>
<tr>
<th>Office/Clerical</th>
<th>Service Industries</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Industrial/Factory</strong></td>
<td><strong>Finance (bank teller, etc.)</strong></td>
</tr>
<tr>
<td>Production (assembler, etc.)</td>
<td><strong>Health (nurse’s aide, etc.)</strong></td>
</tr>
<tr>
<td>Inventory Control</td>
<td><strong>Social Services (caseworker, etc.)</strong></td>
</tr>
<tr>
<td>Shipping/Receiving</td>
<td><strong>Education (teacher’s aide, etc.)</strong></td>
</tr>
<tr>
<td>Maintenance</td>
<td><strong>Retail (store clerk, etc.)</strong></td>
</tr>
<tr>
<td><strong>Building/Construction</strong></td>
<td><strong>Commerce (sales rep., etc.)</strong></td>
</tr>
<tr>
<td>Type of Trade:</td>
<td><strong>Government (mail carrier, etc.)</strong></td>
</tr>
<tr>
<td>Apprenticeship:</td>
<td><strong>Data Control (computer, etc.)</strong></td>
</tr>
<tr>
<td>Landscaping/Snow Removal</td>
<td><strong>Food Service</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Hospitality</strong></td>
</tr>
<tr>
<td><strong>Transportation (driver, delivery)</strong></td>
<td><strong>Other</strong></td>
</tr>
</tbody>
</table>

10. I have **experience and/or skills** in the types of work I have checked below:

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<td><strong>Other</strong></td>
</tr>
</tbody>
</table>
Employment History (*Please list last employer first*)

<table>
<thead>
<tr>
<th>Date Started</th>
<th>Date Left</th>
<th>Starting Salary</th>
<th>Last Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month/Year</td>
<td>Month/Year</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Company** ___________________________ **Address**_______________________________________

**Position Title** _____________________________________________________________________

**Specific Duties** ____________________________________________________________________

**Reason for Leaving** _________________________________________________________________

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**Specific Duties** ____________________________________________________________________

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</tr>
</tbody>
</table>

**Company** ___________________________ **Address**_______________________________________

**Position Title** _____________________________________________________________________

**Specific Duties** ____________________________________________________________________

**Reason for Leaving** _________________________________________________________________

Describe any volunteer work you have done:  ____________________________________________
_________________________________________________________________________________

Is there anything else you would like to add (i.e., other interests, hobbies, etc.) ____________
_________________________________________________________________________________

____________________   ___________   _____________________________   ____________
Signature             Date                  Reviewed by (Counselor)             Date

*Adapted from ULA Project Application 1/20/10*
How to Use the Initial Employment Plan

This form should be completed at the end of the assessment. Goals and objectives should be extrapolated from what the client said during the assessment. Steps should be written to meet each of those goals. This plan should reflect job readiness in terms of planning, career planning and job placement goals.

The review is completed every _____ days from the original plan date until all goals are completed. (This form is something the client can take with him/her as progress is made through the system of care).

<table>
<thead>
<tr>
<th>Element</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client Name</td>
<td>Name of the client</td>
</tr>
<tr>
<td>Date</td>
<td>Date you are completing this form</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Client’s date of birth</td>
</tr>
<tr>
<td>Review Date</td>
<td>90 days from the day the form was first completed</td>
</tr>
<tr>
<td>Vocational Counselor</td>
<td>Name of the person completing this form with the client</td>
</tr>
<tr>
<td>Supervisor</td>
<td>Name of your supervisor</td>
</tr>
<tr>
<td>Primary Clinician</td>
<td>Referring clinician</td>
</tr>
<tr>
<td>Clinic</td>
<td>Clinic where client is receiving clinical services</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Psychiatric/psychological issues</td>
</tr>
<tr>
<td>Substance Use</td>
<td>Any substance use reported by the client</td>
</tr>
<tr>
<td>Problem Gambling</td>
<td>Any issues around gambling reported by the client</td>
</tr>
<tr>
<td>Medical</td>
<td>Medical issues or physical limitations</td>
</tr>
<tr>
<td>Family</td>
<td>Married/single/separated – any family situation related to working</td>
</tr>
<tr>
<td>Environment</td>
<td>Living situation-independently/ with family, partner, children, etc.</td>
</tr>
<tr>
<td>Documentation</td>
<td>Issues with identification, i.e. birth certificates, drivers license, etc.</td>
</tr>
<tr>
<td>Legal Issues</td>
<td>Indicate history or pending cases that may interfere with goals</td>
</tr>
<tr>
<td>Financial/Credit Score</td>
<td>Financial issues that may interfere with goal</td>
</tr>
<tr>
<td>Education/Skill Level</td>
<td>Issues around skills/training or education that may interfere with goal</td>
</tr>
<tr>
<td>Other: i.e. Entitlements, Transportation, Housing, etc.</td>
<td>Any other issues that may interfere with achieving goal's)</td>
</tr>
</tbody>
</table>
Examples of Rehabilitation Objective

1. Objective: I would like assistance solidifying a vocational direction.
   Steps: Interest testing
          Career exploration
   Outcome: I will solidify a vocational direction utilizing
            his/her interests and values

2. Objective: I would like assistance enrolling in a training program
   Steps: Explore training programs
          Funding exploration
          Refer to BRS, CONTAC . . .
   Outcome: I will be enrolled in an appropriate training program

3. Objective: I would like assistance becoming “job ready”
   Steps: Resume writing
          Job seeking skills group
   Outcome: I will improve the effectiveness of my job search

**Type of Service:** individual, group, referral

**How Often:** one time, weekly, bi-monthly, etc.

**Who is Responsible:** indicate who is responsible for completing this step.
INITIAL EMPLOYMENT PLAN

Client Name: ____________________________ Date: _________________________

Date of Birth: ____________________________ Review Date: _________________________

Vocational Counselor: _________________________________ Supervisor: _________________________________

Primary Clinician: _________________________________ Clinic: _________________________________

<table>
<thead>
<tr>
<th>Barriers to Achieving Goals</th>
<th>Steps to Overcome Barriers</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Use</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Transportation, Housing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Rehabilitation Objective 1:

Steps to Achieve Objective | Type of Service | How Often | Who is Responsible
----------------------------|-----------------|-----------|---------------------
a.                          |                 |           |                     |
b.                          |                 |           |                     |
c.                          |                 |           |                     |

Expected Outcome:

Expected Date: ____________________________

(page 1 of 2)
Rehabilitation Objective 2:

Expected Outcome:

Expected Date: 

Rehabilitation Objective 3:

Expected Outcome:

Expected Date: 

<table>
<thead>
<tr>
<th>Steps to Achieve Objective</th>
<th>Type of Service</th>
<th>How Often</th>
<th>Who is Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<tr>
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</tbody>
</table>

Client Signature: ___________________________ Date: __________
Counselor Signature: ________________________ Date: __________
Supervisor Signature: ______________________ Date: __________

Adapted from APT Voc. Svs. Initial Employment Plan

(page 2 of 2)