

**Confidential Questionnaire
for Family Member or Friend of Supported Employment Client**

Please complete this form if you have a family member/friend currently using the Supported Employment Program at their local Community Mental Health Center. The information on this form will help the Supported Employment staff understand your role in assisting your family member/friend in their goal of employment.

Friends and family are very important resources to clients/consumers and good networking partners. Please complete the following if you believe you can be helpful to someone who is currently using this program to search for a job. Information on this form will be shared with your friend/family member. General work resources may be shared with your friend/family member or others using the program.

Date: _____

Name of Client/Consumer: _____

Your Name: _____

Phone/E-mail (optional): _____

Do you currently work for an employer who might be interested in a contact from your friend/family member's Supported Employment Specialist? Yes No

If yes, please list the Company Name and a Contact Person: _____

Do you currently work for an employer who might be interested in a contact from your friend/family member? Yes No

If yes, please list the Company Name and a Contact Person: _____

Do you have other contacts with employers who might be hiring? Yes No

If yes, please list the Company Name, Contact Person and other useful information: _____

What job skills do you see in the person above?

Are you available to help your friend/family member by doing any/all of the following:

- Drive to job interviews
- Serve as a reference (personal or professional)
- Drive to work or help with other arrangements

Do you have specific concerns or suggestions regarding your friend/family member regarding the type of employment, time of day, etc? (*Example: My friend works best when in a social group. He/she would be good with animals. He/she does not like to make phone calls, but is great in person. Nights do not work. Weekends are good. Part time would probably be better than full time. I can lend him/her a car on weekends, but not during the week.*)

Do you have a geographical area you think would work best for your friend/family member? (*Example: not outside of Manchester; accessible by Concord bus*)

Are there other ways you can help this person to search for employment?

Can you be contacted for further information? Yes No

If yes, please provide your contact information:

Name: _____ Phone: _____

and/or Email: _____

Community Mental Health staff can always listen to your concerns about your friend/family member. However, they can only acknowledge working with them and answer your questions if they have signed a release allowing them to speak with you.

This form can be shared with any Community Mental Health Center's Supported Employment Program staff by your friend/family member.

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