

Appendix M:

Enhanced Work Incentive Assessment Tool¹

QUESTION	DOMAIN
Why do you want to work? What are your concerns? Do you feel your disability is a barrier to obtaining a job? How?	Work
Can you use public transportation independently? Do you drive a car? Current transportation resources (public, private)? Lines close to home?	Daily Activities
Do you need support with any daily living activities (dressing, cooking, eating, cleaning, grocery shopping, phone calls)? Is your present living arrangement stable, permanent, accessible? With whom do you reside?	Daily Activities/Family
What benefits/services do you currently use for support? Do you understand the impact that working will have on your benefits?	Financial
Have you graduated from High School? Other educational or training experience? What is your computer experience? Do you have access to a computer?	Work
Describe your general health and any physical, emotional, and/or secondary disabilities. Describe your mobility/ambulation, motor skills and any adaptive technologies currently used and/or needed.	Health/Mental health/Daily activities
What is your primary mode of communication? What is your primary language? Do you have access to email? Do you use a mobile phone? Text?	Daily activities
Describe your support system (family, friends, service providers, affiliations). Regular groups you belong to? i.e.; church, choir, book club, athletic club/recreational sport; community theater?	Family
What is your employment goal?	Work
Previous work experience?	Work
What skills do you feel you need to obtain to reach your employment goal? (i.e. Job Search skills? Interviewing? Resume writing?)	Work
Do you feel your skills are competitive for today's market?	Work

¹ Transcen Inc. pre-employment checklist

QUESTION	DOMAIN
Would work experience help you achieve your goal?	Work
Ideal type of work environment?	Work
Reasons for leaving last job?	Work