

i-Ability: Vocational IT Training Program Application Form

Dear Applicant,

Thank you for your interest in the **i-Ability: Vocational IT Training Program**, which is offered by Hire-Ability Vocational Services, a division of Richmond Area Multi-Services, Inc. (RAMS) with funding from the Mental Health Services Act. We are excited to announce that we are currently seeking applicants for the upcoming cohorts for two tracks: (1) Help Desk and (2) Desktop.

Participants in these 9-month program tracks will receive intensive and supportive on-the-job training in the fields of information technology, technical support and customer service. Please visit www.hire-ability.org, where you can access videos that provide information about how to prepare yourself for the application process and the program itself.

In order to qualify for this program, please note that **you must be able to provide documentation showing that you meet the following requirements:**

1. At least 18 years of age
2. Current resident of San Francisco
3. Must be **currently** receiving services through SFDPH Behavioral Health Services (BHS)
4. Have successfully completed at least a High School education or equivalent (GED acceptable)
5. Be able to attend training which is held Monday to Friday, between 8:30am and 5pm, 7-12 hours per week
6. Successful completion of in-person interview and skills assessment
7. Must actively participate in developing vocational goals with program staff
8. Must provide consent for i-Ability staff to reach out to clinical provider

The program is accepting about 10 trainees for the Help Desk track and 8 trainees for the Desktop track. Below is a summary of the application and notification timeline. Although trainings are not set to begin until the end of summer, interviews will be conducted on an ongoing basis. For example, if an application is submitted on May 1, we will do our best to conduct the phone interview by May 31 or sooner. A checklist has been provided below to ensure that all required documents have been submitted.

All dates listed are in 2017

Application Due Date	June 2 (must be received by manager no later than 5:00pm)
Interviews Conducted	Ongoing until June 30
Notification of Application Status	All applicants will be notified no later than July 21
First Day of Instruction	July 31 (Help Desk) & August 14 (Desktop)

The program respects your privacy and adheres to the confidentiality rules and regulations that apply. The information on your application will not be shared with anyone without your prior consent. Should you have any questions, please feel free to contact me directly. Thank you again for your interest in the i-Ability Vocational IT Training Program.

Sincerely,

John Cabiles

Vocational IT Services Manager

(415) 255-3563

iAbility@hire-ability.org

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I. Applicant Information

Please complete all fields below

First Name:		Last Name:	
Phone:		Email:	
Address:			

II. Training Track Preference

Please check only one box

Which program track do you most prefer?	<input type="checkbox"/> Desktop	<input type="checkbox"/> Help Desk
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III. Program Requirements

*Note: You must answer **Yes** to all of the following questions in order to be eligible for this program*

1. Are you currently a San Francisco resident? Yes No
2. Are you a High School graduate or equivalent (GED)? Yes No
3. Are you currently receiving services through BHS? Yes No Not Sure
4. Are you able and willing to commit to the full nine month training program? Yes No
5. Can you commit to 7-12 hours per week? (Mon-Fri, between 8:30am and 5pm) Yes No

*** If you are not currently working with BHS, please call (415) 503-4730 for linkage to services**

IV. Training & Work Experience

*Please list past training, volunteer or work experience **OR** attach your resume*

Description/Job Title/Training Course	Organization/Employer/School	Start Date	End Date

V. References

*Note: A clinical reference is **required***

Reference Type	Name	Phone Number	Email (required for clinician)
Clinical (e.g., therapist, psychiatrist, case manager)			
Professional (e.g., employer, teacher, volunteer coordinator)			

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VI. Personal Statement

Use the space below **OR** attach your personal statement

In no more than 2 pages, please complete a personal statement answering all of the following questions. Please note that both *typed* and *handwritten* statements are acceptable.

You may attach your statement in lieu of using the spaces below.

1. **Why do you feel you are a good match for the program? (include relevant information about your background)**
2. **Why are you interested in joining this program?**
3. **How do you hope to utilize skills you will learn in this program?**
4. **It takes a lot of commitment to complete this program. What challenges do you anticipate for yourself, and how do you hope to manage those issues?**

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VI. Personal Statement
Continued

Empty text area for the personal statement.

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Completed Application Checklist

Please do not submit your application until you have included all of the following documents:

- Completed Application form
- Copy of proof of San Francisco residency (driver's license or CA state ID)
- Copy of proof of eligibility to work (social security card, US passport, residency card)
- Your personal statement
- Vocational Referral (Access4Jobs)** form completed and signed by your clinician
- Signed Authorization for Use or Disclosure of Protected Health Information form (*your clinician must receive a copy of this form in order for us to conduct your clinical reference*)

Note: For your security, we recommend that you password-protect these documents before emailing them.

The following documents are also required for enrollment, but may be submitted separately from the application; however, we will need to receive them before you can be accepted into the program:

- Copy of your most recent **diploma** or **transcript** (official/unofficial)

Signature

Please read each paragraph, and then sign below.

I permit RAMS to contact the references I provided regarding the i-Ability training program. I authorize the references I have listed to provide any information about my related experiences, without giving me prior notice of such disclosure.

I certify that I have not purposely withheld any information that might negatively affect my chances for acceptance. The answers given by me are true and correct to the best of my knowledge and ability.

Applicant's Signature: _____ Date: _____

For the Help Desk 10 and Desktop 8 cohorts, applications are due no later than June 2, 2017 at 5:00 PM to:

Applications may be dropped off OR mailed to:

Attn: Vocational IT Manager
Hire-Ability
1234 Indiana Street
San Francisco, CA 94107

Alternatively, applications may be emailed or faxed:

Email: iability@hire-ability.org

Fax: (415) 920-6877

Note: If you are faxing your application, please call to ensure that it has been received.

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Demographic Information Questionnaire (optional)

This information is for data collection purposes only. By completing this form, you will help us to improve our outreach efforts to underserved populations. The i-Ability Program respects your privacy and we are bound by the confidentiality rules and regulations that apply.

1. **Date when you submitted your application:** _____
2. **Gender (check one):**
 Female Male Trans Female
 Trans Male Intersex Gender Non-Conforming
 Other _____
3. **Age Group in years (check one):** 0-18 16-24 25-59 over 60
4. **Ethnicity (check all that apply):** African-American Asian Pacific Islander
 Native American Latino White
 Other _____
5. **Primary Language:** _____
6. **Secondary Languages (if any):** _____
7. **Highest Level of Education (check one):** High School/GED Some College
 College Graduate Graduate School
8. **Which clinic employs your mental health provider:** _____
9. **How often do you see your clinician:** Every Week Every 2 Weeks
 Every Month Never
 Other _____
10. **Which benefits are you currently receiving:** SSI SSDI None
11. **How did you learn about this program:** Clinician Information Session
 Brochure/Flyer i-Ability Program Graduate
 Other _____

CONFIDENTIALITY NOTICE: This document (including any attachments) contains confidential and privileged information. Unless you are the addressee (or authorized to receive for the addressee), you may not read, copy, distribute, or disclose any information contained in this document. If you have received this in error, please immediately advise the sender, and permanently destroy all copies of the document and any attachments. Thank you for your cooperation.

Vocational Referral



The San Francisco Vocational CO-OP
Serving SF residents with primary mental health diagnosis(es)
Thank you for your interest in Vocational and Employment Services

Client Name _____ DOB _____
Primary/Language _____ Ethnicity _____ Gender _____
Address _____ Zip Code _____ Phone _____
Email _____ How did you hear about us [] Clinician [] Outreach/Poster [] Friend [] Other
Case Mgr. /Therapist _____ Email _____
Agency _____ Contact # _____

What is your Vocational Goal? [] Paid Employment [] Training/Education
Vocational Interest _____

What is your program of interest? (If no preferred service, referral will be based on appropriate match)

[] RAMS Hire-Ability [] Citywide [] Caminar [] OTTP-SF [] Toolworks [] PRC

See other side for an explanation of each program

Can you provide documentation to work in US? [] Your response is confidential. If you do not have documentation, Access4Jobs may still be able to refer you to vocational services.

I authorize my diagnosis(es)/clinical information to be released by the referring source to the Access4Jobs triage team.

Client Signature: _____ Date: _____
Parent/Guardian Signature: _____ Date: _____
(If under 18 years old)

CLINICAL SECTION: This section must be completed by a licensed clinician.

Pertinent History / Hospitalizations _____

Current Treatment/Medication _____

Client's Strengths

Table with 2 columns: Client's Strengths, Ability to handle responsibility, Motivation & cooperation, Concentration/learning ability, Assaultive/violent history, Judgement

Mental Health Primary Diagnosis(es) _____ BIS # _____

Comments: _____

* Referrer or Co-signer must have one of these professional credentials: MFT, LCSW, MD, PsyD, or PhD (In Psychology)

Referred by: (name & credential) _____ Signature _____

Co-Signature name: (if applicable) _____ Co-Signature _____

Agency/Address _____ Phone _____ Date _____

FAX this form to: 888-262-3988 Questions? Please call: Stephen Dempsey, BHS, 415-255-3664

The San Francisco Vocational CO-OP is a collaboration between the City and County of San Francisco Behavioral Health Services (BHS) and the California Department of Rehabilitation (DOR). Together, we partner with RAMS Hire-Ability, Citywide Employment Program, Caminar Jobs Plus, Positive Resource Center (PRC), Occupational Therapy Training Program – San Francisco (OTTP-SF), and Toolworks to provide comprehensive vocational services to San Francisco residents with mental health diagnoses. All clients will be enrolled in DOR for employment services, once authorized by DOR counselor, services will include intake, employment preparation, job development, job placement and employment retention.

RAMS: Services offered in Cantonese, English, Mandarin, and Tagalog. www.hire-ability.org

Citywide: Services offered in English, French, Russian, and Spanish. <http://psych.ucsf.edu/sfdh/citywide>

Caminar: Services offered in English, Russian, and Spanish. www.caminar.org

PRC – Services offered in English. www.positiveresource.org

OTTP-SF – Services offered in English and Spanish. www.ottp-sf.org

Toolworks – Services offered in American Sign Language (ASL), English, and Spanish. www.toolworks.org

Competitive community job placement	RAMS	Citywide	Caminar	PRC	OTTP-SF	Toolworks
*Employment Services	*	*	*	*	*	*
*Job Coaching	*		*			*
*Situational Assessment	*		*			*
*Vocational Assessment	*	*	*		*	
*Work Adjustment	*					

*Must be authorized by DOR counselor

Employment Services - includes vocational intake assessment, employment preparation, job development and employment retention.

Vocational Assessment – assesses client’s current educational, vocational levels, abilities and interests.

Job Coaching – provides intensive assistance and support in employment-related activities to promote job adjustment and retention.

Situational Assessment – utilizes actual work sites to identify client’s current level of employability through a short term trial work experience.

Work Adjustment – uses a transitional and time-limited service with approved work sites to train clients in the meaning and demand of a job. This service helps re-establish skills, attitudes, and behaviors appropriate for work.

Vocational Skills Training	RAMS	Citywide	PRC	OTTP-SF	Toolworks
*First Impressions Basic Construction & Remodeling		*			
*GROWTH project – horticultural & landscaping		*			
*IT HelpDesk/ITDeskTop/Advanced Helpdesk	*				
*Janitorial and Clerical Internship	*				
*Occupational Skills Training in Janitorial	*				
*Slice of Life Café and Catering		*			
Advanced Clerical Training			*		
Deaf and Hard of Hearing Vocational Services					*
Employee Development	*				
Transitional Age Youth (TAY) Ages 15-24 for OTTP-SF and 15-25 for RAMS	*			*	
Criminal Justice Specialization	*	*		*	

*These programs have separate recruitment timeline and application.

<http://bit.ly/SFVOC> - electronic fillable version of Access4Jobs referral form