

**NEW HAMPSHIRE VOCATIONAL REHABILITATION (VR)
BUSINESS DEVELOPMENT SYSTEM
CUSTOMER PROFILE ASSESSMENT (FORM 1 OF 3)**

The purpose of this form is to assist VR Counselors in conducting a preliminary assessment of the fit between a VR Customer's expressed interest in Self-Employment /Venture Development (SE/VD) and their capacity to productively pursue this option as a means for achieving income objectives.

VR Counselor Name _____ Office _____
(Please print)

VR Customer Name _____ Date Submitted _____
(Please print)

VR COUNSELOR | FUNCTIONAL ASSESSMENT

When submitting assessment to VR Regional Leader, please include the following documents: **Enclosed**

1. VR Customer Case File and any other supporting documents viewed useful for profile assessment _____

2. Customer Profile:

a) Summarize the VR Customer functional disability _____

b) Has the VR Customer investigated competitive and/or supported employment? ___Yes ___No ___N/A

Explain: _____

c) Has the VR Customer explored work incentives, such as PASS/IRWE? ___Yes ___No ___N/A

Explain: _____

d) Has the VR Customer met with a Benefits Planner to conduct a benefits analysis? ___Yes ___No ___N/A

Explain: _____

e) Why is the VR Customer pursuing SE/VD over competitive employment?

f) Briefly describe the SE/VD pursuit(s) they are considering.

g) Is the SE/VD pursuit consistent with the VR Customer's...

- Disability and functional limitations? ___Yes ___No ___N/A; If no, how will limitations be overcome?

- Prior work experience, skill sets and knowledge? ___Yes ___No ___N/A; If no, how will they develop required skills?

h) What is the VR Customer's experience with business ownership?

- No prior experience Family Member Friend Other _____

Explain: _____

3. Benefits Status:

a) Are Federal and/or State benefits/entitlements currently in place? Yes No N/A

b) If yes, please summarize all that apply (*Reference and attach copies of additional documents if helpful*):

c) Will benefits/entitlements (SSA/DHHS/Housing) be affected by earned income? Yes No N/A

d) If yes, how will they be affected and reported to benefits/entitlements source agency(ies)? (*Reference and attach copies of additional documents if helpful*):

e) How much income is the VR Customer looking to generate through SE/VD:

- Short-term per month (within the first year) \$ _____
- Long-term per month (beyond the first year) \$ _____

f) Are income objectives intended to

- Supplement other income sources? Yes No N/A
- Replace current income sources? Yes No N/A

VR REGIONAL LEADER REVIEW | RECOMMENDATIONS

- Tier 1: Approves inviting the VR Customer to move on to entering into a Tier 1 SE Tracking Agreement, completing Step 1 (*Self-Assessment*) and Step 2 (*Business Idea*) of the 5 Steps to Self-Employment exercises, and Test Marketing concept and/or securing Letters of Commitment.
- Tier 2: Approves inviting the VR Customer to move on to entering into a Tier 2 VD Tracking Agreement, completing Step 1 (*Self-Assessment*) and Step 2 (*Business Idea*) of the 10 Steps to Venture Success exercises, and Test Marketing concept and/or securing Letters of Commitment.
- Recommends that the following activities be pursued and further reviewed prior to moving forward with SE/VD:

Discourages moving ahead with SE/VD for this VR Customer because:

Additional Comments _____

VR Regional Leader _____ Date Completed _____

(Print Name)

Signature _____