



JUMP

Jobs for Us Mentoring Program



THE CODY CENTER
Stony Brook University

Welcome to JUMP!

The mission of JUMP (Jobs for Us Mentoring Program) is to create new employment opportunities for adults on the autism spectrum who have potential for competitive independent employment. JUMP is a collaborated effort of AHA (Advocates for Individuals with High Functioning Autism and Asperger Syndrome) and the Cody Center.

The innovative JUMP approach builds off of existing vocational resources and is driven by grant funding and donations. JUMP candidates/employees will have one on one coaching and an on the job mentor who will be their advocate and help them assimilate to the job. Another key component of the approach is rich and consistent training for those supporting the candidate / employee (e.g. coach, employer and mentor). Key to the program's success will be a pool of employers willing and able to provide jobs to JUMP candidates. The project will rely heavily on friends and family of those with ASDs and their networks in gaining JUMP employers. If you know someone who may be able to provide a job to a JUMP candidate send an email to info@ahany.org or call 516/470-0360.

This project is currently in pilot, the objective of which is to successfully place and secure six candidates by the end of 2009. The pilot will serve as an opportunity to test the JUMP approach and make needed modifications before further expanding the program. It will also provide an opportunity to develop JUMP success stories/case studies which will aid in gaining further funding.

If you are interested in being a JUMP employee candidate please follow the directions below to complete the enclosed "Employee Candidate Profile".

Employee Candidate Profile Instructions

You can complete this profile in writing and submit through traditional mail or electronically in word for windows and submitting via email.

Writing Instructions:

- Complete the entire profile entering your information in the shadowed (yellow) fields
- Upon completion of profile send it via mail to:

Cody Center at Stony Brook University
Attn: Ginnie Cover / JUMP
Putnam Hall - Room 177
Stony Brook NY 11794-8788

Electronic (word and email) Instructions:

To get an electronic copy of the profile send an email to info@ahany.org.

- Open the word document (JUMP Candidate Profile.doc) on your computer
- Complete the entire profile typing your information in the shadowed (yellow) fields. (Click your mouse in each field or use the tab key on your computer)
- Upon completion of profile save it on your computer. (Go to File menu; Save)
- Send your profile via email to: vcover@notes.cc.sunysb.edu (make sure to attach your profile to the email by clicking on the paperclip in your toolbar)

Notes:

- We suggest that you make a copy of your completed profile and save for your records
- If you have any questions about JUMP or need assistance completing your profile please email vcover@notes.cc.sunysb.edu or call 631/632-3706.
- You will receive an email confirmation within 5 business days of your profile being received

Note: "JUMP Employee Candidate Profile" information will be kept confidential and used by AHA and Cody Center staff members only to assist with potential job matches, and as de-identified summary data as a needs assessment for funding applications. No individual information will be released without the written consent of candidates.



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Employee Candidate Profile



Name:	Today's Date
Home Address:	
Street	
City	State
Zip Code	
Email:	Phone:
Date of Birth:	Age:
Month (MM) Day (DD) Year (YYYY)	

1. Do you have a driver's license? Put an "X" in the column of the appropriate response

Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
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2. Can you provide your own transportation to and from work?

Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
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3. In the spaces below please identify up to two people who are supporting you with your job search (e.g. job coach, friend, parent, advocate, service coordinator or therapist)

Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
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Name	Organization/Agency (if applicable)	Phone	Email
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

4. Are you registered with OMRDD? Put an "X" in the column of the appropriate response

Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
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If you answered "Yes" to the previous question(#4), identify your OMRDD service coordinator in the space below

Name	Phone
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

5. Are you currently registered with VESID? Put an "X" in the column of the appropriate response

Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
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If you answered "Yes" to the previous question(#5), put an "X" next to each of the types of VESID support below that you have received

	Vocational Testing		Job Development
	Vocational Counseling		Job Coaching
			Job Training & Education
			Supported Employment

Other - If you selected other, please describe in the space below **In the space below describe the outcomes of the VESID services you received. Please include perspective on whether these services helped you get and hold a job or not.**

VESID description:

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6. Do you currently receive SSI or SSDI?

Yes:	No:
<input type="checkbox"/>	<input type="checkbox"/>

7. Are you enrolled in Ticket to Work?

Yes:	No:
<input type="checkbox"/>	<input type="checkbox"/>

8. Do you have a diagnosis of an Autism Spectrum Disorder (ASD) or related developmental disability?

Yes:	No:
<input type="checkbox"/>	<input type="checkbox"/>

Put an "X" next to all developmental disabilities with which you have been diagnosed

	Asperger Syndrome		ADHD / ADD
	Autism		Other developmental disability (if you selected "other," provide description in space below)
	PDD-NOS		Other Description

EMPLOYMENT

9. What are your strengths and talents? In what areas do you have experience?

Put an "x" in the corresponding columns below for all of the responses that apply

Artistic

	Drawing		Painting		Culinary / Cooking		Graphic Arts
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Communication

	Writing		Speaking		Group Facilitation / Training		Phone Work
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Human Relations / Interpersonal Skills

	Working with the elderly		Working with Children		Working with adults		Working with persons of disabilities
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Math

	College level math		Statistics		Bookkeeping or Accounting		Cashier or Bank Teller
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Mechanical

	Engineering		Automotive / Car		Machinery Operation		Building Skills (e.g. carpentry, plumbing...)
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Organizational

	Filing, Labeling, Stocking Shelves		Categorizing / Classifying (e.g. Library work)		Document Assembly, Mailings, Photocopying		Quality Control / Attending to Details
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Research & Planning

	Analysis		Researching		Laboratory Research		Identifying Problems
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Technical

	Computer Software (e.g. word, excel...)		Internet		Keyboarding / Typing		Computer Programming
	Data Entry		Computer Hardware Maintenance / Repair				

In the space below include a detailed description of any strengths you have selected above as well as any additional strengths that have were note listed.



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Employee Candidate Profile



10. What type of employment are you seeking? Put an "x" in the corresponding columns

	Full-Time
	Part-Time
	Either full-time or part-time

11. Use the space below to briefly describe your work / career aspirations and goals. Include a description of your ideal job.

12. How does your Autism Spectrum Disorder (ASD) or related developmental disability "diagnosis" impact your ability to seek employment and be successful in a job?

Put an "X" next to all of the responses below that apply

	Sensitivity to/distracted by noises		Repetitive physical movements (e.g. rocking, nervous tics, arm flapping, tapping finger)		Visual distractions (e.g. drawn to spinning, certain objects)
	Sensitive to lighting (e.g. fluorescent)		Making repetitive sounds		Difficulty making eye contact
	Communication challenges		Anxiety		Other (if you selected other provide a description in the space below)

In the space below include a detailed description of any effects you marked and any additional effects that were not listed

13. In the space below please describe support / accommodations that would limit or eliminate the impact of the effects you noted in question #12?

14. If you have any other conditions that affect your ability to seek employment or be successful in a job please describe in the space below (e.g. motor, vision or hearing impairments). Please include any accommodations that aid you with these conditions (e.g. hearing aids).

If you have no other conditions proceed to question #15



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EDUCATION / EXPERIENCE

15. What is your educational background?

Put an "x" in the corresponding columns below for all of the responses that apply

<input type="checkbox"/>	Graduated from high school
<input type="checkbox"/>	Completed some college course work
<input type="checkbox"/>	Currently enrolled in college program*
<input type="checkbox"/>	Graduated college / have degree**

* If you are currently enrolled in a college program please list the name of the college and your area of study in the space below

** If you have graduated college list the name of the college, the degree(s) you hold and graduation dates in the space below

16. Are you currently employed?

Yes:

No:

- If "yes" Put an "x" in the column below for all of the responses that apply
- If "no" proceed to the next question #13

<input type="checkbox"/>	Currently working part-time and seeking full-time
<input type="checkbox"/>	Dissatisfied with current job because it doesn't use my strengths / talents*
<input type="checkbox"/>	Dissatisfied with environment of current job*
<input type="checkbox"/>	Job will be ending / eliminated in near future

* If you are dissatisfied with your current job please describe why in the space below

17. Have you been employed previously?

Yes:

No:

- If "yes" Put an "x" in the column below for all of the responses that apply
- If "no" go to next question #14

<input type="checkbox"/>	One job less than six months
<input type="checkbox"/>	One job greater than six months
<input type="checkbox"/>	More than one job but never longer than 6 months
<input type="checkbox"/>	Other (If other, describe below)

Use the space below to briefly describe your previous work experience, include name of company and description of job