Employment Conversation Guide

# Purpose of the Guide

* To begin conversations about work with SSI/SSDI beneficiaries and those applying for benefits.
* To ensure that the individual is receiving accurate information about employment and returning to work.
* To engage with an individual and determine their work goals.

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| **EMPLOYMENT CONVERSATION GUIDE** | |
| **Name:** | |
| **Let’s talk about work. (Add facts/positive statements about work)** | |
| **Questions to Ask** | **Responses** |
| Why do you want to work?   * What triggered your interest in work? |  |
| What kind of work do you want to do?   * How did you decide on that type of job? |  |
| What do you feel are benefits to working? |  |
| How long have you been out of work? |  |
| How has not working affected you emotionally, financially, socially? |  |
| When you first began to think about work, did you talk to anyone about that?   * What did they say? |  |
| What have other people told you about work? |  |
| How do friends/family feel about you returning to work? |  |
| Have others encouraged or discouraged you from working? |  |
| What do you believe are some of the barriers blocking you from working? |  |
| **You have something to offer the workplace! What are your past experiences?  This may include former paid work but also consider military service,  school activities, volunteer work, hobbies, interests, and groups.** | |
| **Questions to Ask** | **Responses** |
| Have you tried working in the past?   * If so, what did you like about working? * What challenges caused you to stop working? * What do you miss about working? |  |
| Have you served in the military? What did you do? |  |
| What are your talents, interests, hobbies? |  |
| What skills/experiences do you have that could benefit a work place? |  |
| What skills or training do you think you need? |  |
| **Future Goals/Planning** | |
| **Questions To Ask** | **Responses** |
| What are your fears about working or going back to work? |  |
| * How work will affect your SSI/SSDI? |  |
| * How work will affect your Medicaid/Medicare or other benefits? |  |
| * How work will affect your housing? |  |
| How did you get information about what would happen to your benefits if you went to work? |  |
| What do you need to have in place (in your life or otherwise) in order to go back to work? |  |
| How do you plan to work with people in your life who do not support your employment goals? |  |

# Notes

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# Post-Conversation Next Steps

* Provide the individual with information regarding employment options
* Provide a warm handoff to an employment support agency