



Georgia Transplant Foundation

Enriching Lives Everyday

JumpStart – Transition to Employment

What you can expect from us:

- A four-month program with services tailored to meet the unique needs of the Georgia transplant community.
- Customized career coaching specific to you and your career level.
- Assistance with identifying your career options and defining your job search goals.
- One-on-one coaching to teach you how to launch a successful job search and market your talents.
- Availability of skills assessment tools, educational resources and financial planning referrals.
- Information on applicable Social Security Administration programs
- Referrals to career development services and partnerships
- ADA information and worksite modification planning.

What we cannot do:

- We are not a placement service and cannot find a job for you.
- We cannot make career decisions for you.
- We are not able to make labor market predictions.



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JUMPSTART - REFERRAL FORM

Date: _____

Referral Source: _____

Pre/Post Transplant/Other: _____

Social Worker: _____

Organ: _____

Transplant Center: _____

Transplant Date: _____ DOB: _____

Name: _____

Home phone: _____ Cell phone: _____

Address: _____

County: _____ Email: _____

Have you received a "Ticket to Work" from the Social Security Administration?

Yes _____ No _____

Previous job(s): _____

Vocational goal or job interest: _____

Current means of financial support: _____

Comments: _____



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Providing this information will not adversely affect any consideration you may receive for GTF services.

CLIENT INFORMATION:

_____		_____		_____	
First Name		Middle		Last Name	
_____				_____	
Street Address				Apt/ Suite Number	
_____		_____		_____	
City		State		Zip Code	County
_____		_____		_____	
Home Phone		Cell Phone		E-mail Address	
_____	_____	_____	_____	_____	_____
Male	Female	Marital Status	_____	Spouse's Name	_____
_____		_____		_____	
Date of Birth	Age	Number in household		Number of Children	

DEMOGRAPHIC INFORMATION:

_____		_____		_____	
Transplant Center		Date of Transplant		Organ	

Follow-up Care					
Race Optional (Please Check): _____ Hispanic _____ African American _____ White, Non-Hispanic					
_____ Asian Pacific Islander _____ American Indian, Alaskan Native _____ Other					
Level of Education Optional (Please Check): _____ GED, _____ attended High School (number of years _____),					
_____ High School Graduate, _____ Technical Certificate / Diploma, College (number of years _____),					
_____ Bachelors _____ Masters, _____ PhD					
Current Source of Income: (Please check all that apply) _____ Full time employment _____ with benefits					
_____ Part-time employment _____ with benefits, _____ Part-time employment without benefits,					
_____ Retirement pension, _____ Working spouse, _____ Social Security Retirement,					
_____ Social Security Disability (SSDI), _____ Supplemental Security Income (SSI)					
Work Status (Please check): _____ Currently employed, Employer Name _____					
_____ Medically Disabled _____, _____ Retired, _____ Unemployed _____					
Date Date					
Current Source of Healthcare Coverage :(Please check all that apply) _____ Insurance _____ Spouse's Insurance					
_____ Medicare _____ Medicaid _____ QMB Medicaid _____ Spend-down Medicaid _____ COBRA					
Check all that apply:					
<input type="checkbox"/> Recipient <input type="checkbox"/> Candidate <input type="checkbox"/> Living donor <input type="checkbox"/> JumpStart Client <input type="checkbox"/> Wellness Conference Attendee					
<input type="checkbox"/> Workshop attendee <input type="checkbox"/> Mentor with Mentor Project <input type="checkbox"/> GTF Volunteer/Board Member/Committee Member					
How did you hear about GTF Services? GTF Website/Newsletter/Brochure _____					
GTF Staff Name _____ GTF Volunteer, Name _____					
Transplant Center Staff, Name _____					

CLIENT INTAKE

Providing this information will not adversely affect any consideration you may receive for GTF services.
Complete information allows us to better serve our clients.

PLEASE PRINT

CLIENT INTAKE

DATE: _____

Name: _____ Phone: () _____ () _____
Home Cell

E-mail Address: _____

Address: _____ County: _____

Date of Birth: ___/___/___ Age: _____ Gender: Male / Female

Marital Status: _____ Number of Dependents: _____

Type of Transplant: _____ Date of Transplant: _____ Transplant Center: _____

Are you a *Ticket Holder* from the "Ticket-to-Work" program? Yes _____ No _____

Are you receiving assistance from the Georgia Transplant Foundation? Yes _____ No _____

Employment History (Please list most recent first)

	<u>Dates</u>	<u>Company Name</u>	<u>City & State</u>	<u>Position</u>	<u>Wage</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

Educational Background

	<u>School</u>	<u>City & State</u>	<u>Major</u>	<u>Degree/Diploma/Certificate</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

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Type of disability: _____

How does it affect your ability to work? _____

Social Security Number: _____ / _____ / _____

Receiving SSI or SSDI benefits? Yes No

Total family Income: _____

Career Objective: _____

Skills / abilities currently possessed for the career interested in: _____

Salary Desired: _____

Minimum Salary Required _____

Geographic area willing to work: _____

Transportation available? YES _____ NO _____

Criminal record? This information is confidential and needed for your private counseling sessions with your assigned JumpStart Counselor.

YES _____ NO _____

Explain: _____

Career Plan: (Career Counselor only)

I attest the information above information above is accurate and true to my knowledge:

Signature: _____ **Date:** _____



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RELEASE OF INFORMATION AUTHORIZATION

I hereby authorize the source of my referral and all previous and current and / or prospective employers, to release to Georgia Transplant Foundation, (“**GTF**”) or its staff, all information concerning my vocational, diagnostic and other related activities.

I hereby authorize **GTF** and its staff to release all information concerning my vocational activities to prospective employers, the source of my referral and Rehabilitation Services Accreditation System, (“**RSAS**”).

I also authorize **GTF** to release the results of diagnostic testing, such as general aptitude testing batteries, career interest testing, work and vocational evaluations performed by medical staff and psychological evaluations ordered by the Georgia State Department of Vocational Rehabilitation Services, and to release a copy of my medical records to the Georgia State Department of Vocational Rehabilitation Services.

In addition, I authorize the above information in paragraph #1 to be used anonymously for statistical reporting.

I release **GTF** and its staff from any liability for damage which may result from either obtaining or releasing the aforementioned information.

A duplicate copy of this document shall serve as equally effective as the original in the authorization of release of information.

The above mentioned consent may be withdrawn at any time upon written notification of such to **GTF**, except to the extent that **GTF** has previously relied upon such consent.

I understand that I have the right to participate in and appeal any services that I am not happy with in my vocational plan with **GTF** and the Georgia State Department of Vocational Rehabilitation Services.

Date of Birth _____/_____/_____

Social Security Number _____/_____/_____

Client Signature Date _____/_____/_____

Georgia Transplant Foundation Date _____/_____/_____



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CLIENT CONTRACT

A program to assist _____ Social Security No. _____

CIVIL RIGHTS:

I understand I will not be refused services because of my age, race, sex, or religion.

PARTICIPANT'S RIGHTS:

The Participant Rights have been explained to me as well as I have received a written copy of the rights.

PARTICIPANTS GRIEVANCE:

The policies and procedures for handling a grievance have been explained to me as well as I have received a written copy of the plan.

MY RESPONSIBILITIES:

I will work with my career counselor to decide the specific things I will be responsible for in completing my career goal. If I do not follow through with my responsibilities as agreed upon in my planning my services may be stopped.

Client Signature

Date

JumpStart Career Counselor Signature

Date



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GEORGIA TRANSPLANT FOUNDATION'S POLICIES AND PROCEDURES

Section: JumpStart Vocational Rehabilitation	Category: Individual Program Planning And Management	Effective Date: 9-1-00
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TITLE: Policies and Procedures for Handling a Participant Grievance

PURPOSE: To define the grievance and appeal process protecting the rights of an individual.

POLICY: Formal grievance procedures are established which give an individual the opportunity to be heard in a dispute and the right to challenge a decision. The Georgia Transplant Foundation (GTF) strongly encourages that each grievance be addressed as efficiently as possible in order to secure the rights of all persons and to ensure quality services are offered.

1. The individual who chooses to challenge or appeal a decision should talk first to the person who made the decision. Holding a conference at this level can be done informally. It is felt that most problems can be worked out or more clearly understood if discussions take place at the lowest level possible..
2. If still not satisfied, the individual may appeal to GTF's Executive Director. This appeal, if possible, is to be submitted in writing. All parties involved may be interviewed. A written decision will be presented within two working days of the appeal.
3. If the issue continues not to be resolved and all of the above have been addressed, the individual has a right to appeal to GTF's Appeal Board, which consists of one member of GTF's Board of Directors, one participant client of GTF, and the Director of Patient Services. This is to be done five days after talking to the person who made the decision. The Appeals Board will meet within five working days of notification of the appeal. All patients involved will be heard. The Appeal Board will render a written decision of the board within three working days.
4. If a need arises at any GTF stage of a grievance and appeals process, GTF can assist the individual with interpreting services through the Georgia Interpreting Services Network (404-521-9100).
5. Depending on the circumstances of the grievance and availability of staff, there may be occasions where individuals hearing grievances and sitting on the board may be changed. The Executive Director may substitute individuals as necessary.

JUMPSTART CLIENT COPY



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PARTICIPANT RIGHTS SUMMARY

By participating in this program, your rights are protected by the Georgia Transplant Foundation's (GTF) policies regarding Human Rights, Health and Safety. Below is a summary of these rights.

- The right to be considered for services regardless of age, gender, ethnicity, religion, nationality, or disability.
- The rights to receive services that respect your dignity protect your health, and safety.
- The right to confidentiality within the limits of the law.
- The right to be free of physical or verbal abuse.
- The right to review and obtain copies of your records generated by GTF.
- The right to participate in the planning of your own program.
- The right to know about changes in your program before they happen.
- The right to know of any decisions, which affect your case and the reasons for them.
- The right to appeal decisions.
- The right to accessibility and reasonable accommodations.
- Each and every participant and employee of GTF shall be treated with dignity, courtesy and respect. Furthermore, participant or employee abuse in any physical, mental, verbal, or other manner will not be tolerated. Abuse whether subtle or obvious, intended, or unintended is unacceptable.
- Violators of this policy will be subject to immediate disciplinary action and /or termination. It is the responsibility of the participants and employees to report to appropriate personnel (Supervisor) at any circumstances that may be viewed as abusive. Allegations of infringement will be documented.
- GTF upholds these rights and all rights covered under Sec. 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and the United Nations General Assembly "Declaration on the Rights of Disabled People."

JUMPSTART CLIENT COPY



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PLEASE FAX OR MAIL OR E-MAIL THE FOLLOWING FORMS:

- **Client contract**
- **Release information**
- **Demographic form**
- **Intake form**

Fax number: 770-457-7916

**Mailing address: Georgia Transplant Foundation
2201 Macy Drive
Roswell, GA 30076**

E-mail address: jumpstart@gatransplant.org

Attention: Vivian Tomlinson