
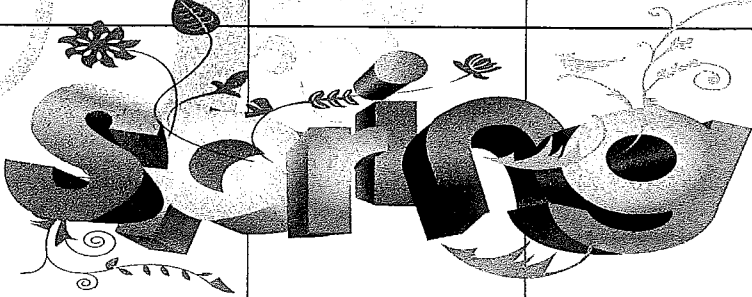


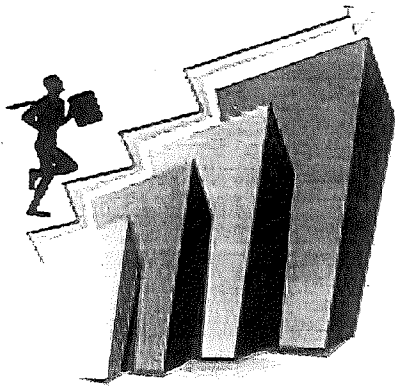


# APRIL

Mon	Tue	Wed	Thu	Fri
<p><b>2</b> Goal Setting/Check In Group 9:00-10:00</p> <p>Conflict Resolution 11:00-12:00</p> <p>PTSD/Loss Support 1:00-2:00</p>	<p><b>3</b> <i>Women's Addiction</i> 9:00-10:00</p> <p>Women's Group 10:30-11:30</p> <p>Game Day (11:00-12:00)</p> <p>Meditation &amp; Journaling Group 1:00-2:00</p>	<p><b>4</b> <b>CENTER CLOSED</b> 9:30-12:30</p> <p><b>R.S.V.P for</b> <b>TRAINING</b> <b>SERIES "A"</b></p> <p>Arts &amp; Crafts 1:00-2:00</p>	<p><b>5</b> <i>Employment Group</i> 9:00-10:00</p> <p>Dual Recovery 10:00-11:00</p> <p>Addiction Support 2:00-3:00</p>	<p><b>6</b> Anti Stigma Group 9:00-10:00</p> <p>Movies, 10:00-</p> <p><i>Music/Karaoke 12:00-2:00</i></p>
<p><b>9</b> Goal Setting 9:00-10:00 <i>Homeless Court Program</i> <i>Presentation 10:00-10:30</i></p> <p>Conflict Resolution 11:00-12:00</p> <p><i>Men's Group 12:00-1:00</i></p> <p>PTSD/Loss Support 1:00-2:00</p>	<p><b>10</b> <i>Women's Addiction</i> 9:00-10:00</p> <p>Women's Group 10:30-11:30</p> <p>Game Day (11:00-12:00)</p> <p>Meditation &amp; Journaling Group 1:00-2:00</p>	<p><b>11</b> <i>Stanislaus County Library</i> 9:00-10:00</p> <p><i>Peer Support 10:30-11:30</i></p> <p>Arts &amp; Crafts 1:00-2:00</p>	<p><b>12</b> <i>Housing Meeting</i> 9:00-10:00</p> <p>Dual Recovery 10:00-11:00</p> <p>Addiction Support 2:00-3:00</p>	<p><b>13</b> Anti Stigma Group 9:00-10:00</p> <p><i>100V Presentation</i> <i>9:00-10:00</i></p> <p>Movies, 10:00-</p> <p><i>Music/Karaoke 2:00-2:00</i></p>
<p><b>16</b> Goal Setting/Check in Group 9:00-10:00</p> <p><i>Parks &amp; Recreation</i> <i>10:00-11:00</i></p> <p>Conflict Resolution 11:00-12:00</p> <p>PTSD/Loss Support 1:00-2:00</p>	<p><b>17</b> <i>Women's Addiction</i> 9:00-10:00</p> <p>Women's Group 10:30-11:30</p> <p>Game Day (11:00-12:00)</p> <p>Meditation &amp; Journaling Group 1:00-2:00</p>	<p><b>18</b> <b>CENTER CLOSED</b> 9:30-12:30</p> <p><b>R.S.V.P. for</b> <b>TRAINING</b> <b>SERIES "B"</b></p> <p>Arts &amp; Crafts 1:00-2:00</p>	<p><b>19</b> <b>CENTER CLOSED</b> <b>FOR STAFF</b> <b>TRAINING</b></p>	<p><b>20</b> Anti Stigma Group 9:00-10:00</p> <p>Movies, 10:00-</p> <p><i>Music/Karaoke 2:00-2:00</i></p>
<p><b>23</b> Goal Setting/Check In Group 9:00-10:00</p> <p>Conflict Resolution 11:00-12:00</p> <p><i>Men's Group 12:00-1:00</i></p> <p>PTSD/Loss Support 1:00-2:00</p>	 <p><b>24</b> <b>SPRING CELEBRATION</b> <b>LUNCHEON @ 12 NOON</b></p>	<p><b>25</b> Cinema Support 9:00-11:00</p> <p><i>Peer Support 10:30-11:30</i></p> <p>Arts &amp; Crafts 1:00-2:00</p>	<p><b>26</b> <i>Advisory Meeting</i> 9:30-11:00</p> <p><i>OPEN In-Service Behavior</i> <i>11:00-12:30</i></p> <p>Addiction Support 2:00-3:00</p>	<p><b>27</b> Anti Stigma Group 9:00-10:00</p> <p>Movies, 10:00-</p> <p><i>Music/Karaoke 12:00-2:00</i></p>
<p><b>30</b> Goal Setting/Check In Group 9:00-10:00</p> <p>Conflict Resolution 11:00-12:00</p> <p>PTSD/Loss Support 1:00-2:00</p>	<p><b>31</b> <i>Women's Addiction</i> 9:00-10:00</p> <p>Women's Group 10:30-11:30</p> <p>Game Day (11:00-12:00)</p> <p>Meditation &amp; Journaling Group 1:00-2:00</p>			
 <p>Sponsored by the Stanislaus County Board of Supervisors Behavioral Health and Recovery Services A Mental Health, Alcohol and Drug Service</p>				<p>The Empowerment Center 1001 Needham St, Modesto, CA 209-544-1913</p>

*Referral Process for  
Employment  
Support Services*

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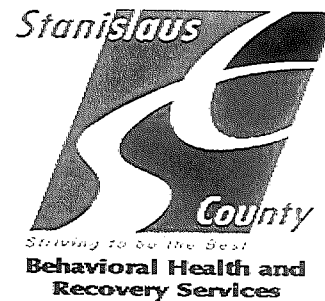


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To receive Employment Support Services, an individual must either self-refer or be referred by their treatment team.

For questions regarding Employment Support Services, please call (209) 525-6101.

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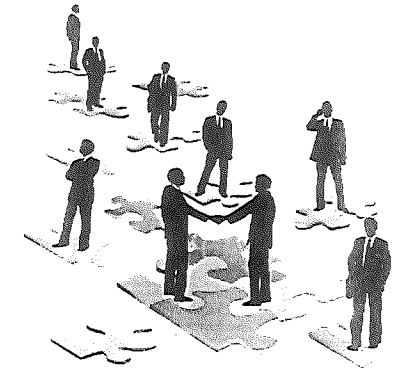


Sponsored by the Stanislaus County  
Board of Supervisors

**Stanislaus County  
Behavioral Health  
and  
Recovery Services**

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*Employment  
Support Services*



*Contact Information*

920 16th St. Suite B  
Modesto, CA 95354  
Phone: (209) 525-6101  
Fax: (209) 558-4339

## *Who We Are*

Employment Support Services is a program offered by Behavioral Health and Recovery Services intended to provide support to individuals who wish to enter the workforce and maintain employment.

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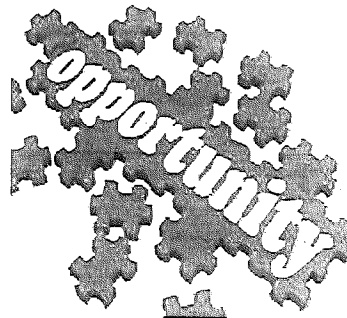
## *What We Do*

Employment Support Services explores employment opportunities with individuals and helps them prepare for employment. We assist individuals who are interested in acquiring and developing the skills necessary to obtain and maintain employment. An initial intake is completed to assess for work history, strengths, barriers, interests and employment goals.

## *Department of Rehabilitation (DOR)*

Employment Support Services utilizes the services offered by the Department of Rehabilitation. A referral to the Department of Rehabilitation is made by Employment Support Services staff if it best meets the individual's needs and goals. The Department of Rehabilitation works in conjunction with Employment Support Services by providing assistance with educational training, job development and situational assessments.

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## *Services We Provide*

### *Job Development*

- ◆ Skill development
- ◆ Job leads
- ◆ Benefits counseling/ assistance available
- ◆ Resume building
- ◆ Assistance with completing job applications (paper and online)
- ◆ Mock interviews
- ◆ Weekly job readiness groups
- ◆ Assistance with identifying and minimizing barriers to employment

### *Job Coaching*

- ◆ Onsite and offsite support

### *Peer Support*

- ◆ Peer support groups
- ◆ One-to-one peer support

**Stanislaus County Behavioral Health and Recovery Services**  
**Employment and Support Services**  
920 16<sup>th</sup> St. Suite B  
Modesto, CA. 95354  
(209) 525-6150  
Fax (209) 558-4339

**Employment Services Referral**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Race:     Caucasian                     Pacific Islander             Hispanic             Filipino  
           African-American             American Indian             Other: \_\_\_\_\_

Gender:  Male                     Female                    Client ID: \_\_\_\_\_

Referred by: \_\_\_\_\_ Regional Site: \_\_\_\_\_

Service(s) Requested:     D.R. ONLY / Employment Services             Employment Services  
                                   Education / Vocational                     Community Employment  
                                   Other: \_\_\_\_\_

Vocational Interest(s)/Objective(s): \_\_\_\_\_

Diagnosis/Disability: \_\_\_\_\_

Critical Issues/Behavior(s): \_\_\_\_\_

Medication(s)/Side Effects: \_\_\_\_\_

Stability :( Med-change, Death in Family, Etc.) \_\_\_\_\_

Living Situation: (Group Home, Independently, Etc.) \_\_\_\_\_

Transportation/Mobility: \_\_\_\_\_

Need for Assistive technologies: \_\_\_\_\_

Educational Background: \_\_\_\_\_

**Please attach a copy of current CCP with this referral.**

Availability: \_\_\_\_\_

DMH# \_\_\_\_\_

REFERRAL  
PAGE 2

Placement Parameters/Restrictions/Limitations  
(Check all applicable)

Client can perform **unrestricted activity**

Client is **restricted in the following area(s)**

- |  |   |                                    |
|--|---|------------------------------------|
| <input type="checkbox"/> Lifting/Carrying        | <input type="checkbox"/> Climbing       | <input type="checkbox"/> Handling  |
| <input type="checkbox"/> Standing/Walking        | <input type="checkbox"/> Balancing      | <input type="checkbox"/> Seeing    |
| <input type="checkbox"/> Crouching/Crawling      | <input type="checkbox"/> Reaching       | <input type="checkbox"/> Hearing   |
| <input type="checkbox"/> Pushing/Pulling         | <input type="checkbox"/> Feeling        | <input type="checkbox"/> Speaking  |
| <input type="checkbox"/> Stooping/kneeling       | <input type="checkbox"/> Fingering      | <input type="checkbox"/> Vibration |
| <input type="checkbox"/> Operating Foot Controls | <input type="checkbox"/> Noise          | <input type="checkbox"/> Indoor    |
| <input type="checkbox"/> Heights                 | <input type="checkbox"/> Fumes          | <input type="checkbox"/> Outdoor   |
| <input type="checkbox"/> Machinery               | <input type="checkbox"/> Humidity       | <input type="checkbox"/> Other     |
| <input type="checkbox"/> Temperature             | <input type="checkbox"/> Open Circuitry |                                    |

Explanation of Above/Other Restriction(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Economic Situation :( SSI, SSDI, AFDC, Family Support, Etc.) \_\_\_\_\_  
\_\_\_\_\_

Therapist: \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
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**Please attach a copy of current CCP with this referral.**