



Please fax to: 972.769.2464 or email: diana@thebind.org

BIND Clubhouse Work Readiness (PSAT) Application

Name: _____ Referred by: _____
DOB: _____ Date of Injury: _____ Referral Phone: _____
Street Address: _____ Referral e-mail: _____
City/State: _____
Phone: _____
e-mail address: _____

Type of Acquired Brain Injury: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____ Phone: _____

Current Transportation*: [] Self (Active Driver's license) [] Paratransit / Dart
[] Uber, Lyft, or Bubbl [] Other: _____

*Work readiness participant must be able to attend Tu./W/Th. from 9 am - 2pm for the 10 week cycle

Primary Limitations following ABI:

- [] mobility: _____ [] verbal expression [] comprehension deficits
[] memory deficits [] planning/organization [] processing speed
[] sustained attention [] divided attention [] deductive reasoning
[] social interaction [] cognitive endurance [] physical endurance
[] coping w/ stress [] managing frustration [] fine motor: LEFT / RIGHT
[] OTHER: _____

Assistive device(s): _____

OCCUPATION PRIOR TO ABI: [] Part-Time [] Full-Time

JOBS SINCE ABI: [] None [] Part-Time [] Full-Time [] Volunteer
Company Name: _____
Feedback (how was that experience?): _____

Do you have a TWC Counselor? [] NO [] YES: _____

What type of job interests you post-ABI? _____

