Iowa Department of Human Services VOCATIONAL REPORT

This report supplements the Disability Report, for 470-2465, by requesting additional information about your past work experience. PLEASE PRINT, TYPE OR WRITE CLEARLY AND ANSWER ALL ITEMS TO THE BEST OF YOUR ABILITY. If you are filing on behalf of someone else, enter their name and social security number in the space provided and answer all questions. COMPLETE ANSWERS WILL AID IN PROCESSING THE CLAIM.

Completed by DHS Case Name		Case Number (Completed by DHS)						
Name of Claimant	Social Security Nur	nber		Telephone numb				
				reached (include area code)				
PA	ART I - INFORMATION A	BOUT YOUR	work H	ISTORY				
List all jobs you have had in the last kind of work you did the longest. (Is more, list all of the jobs you have hinformation about your usual job on first.	f you have a 6th grade edu ad since you began to wor	ication or less, k. If you need	AND did more spa	only heavy unsk ce, use Part III.)	illed labo If you ha	r for 35 years of ave already giver		
JOB TITLE (Be sure to begin with your usual job)	TYPE OF BUS	INESS		ES WORKED nth and Year)	DAYS PER WEEK	RATE OF PAY (Per hour, day, week, month or year)		

	PART II - INFORMATION ABOUT YOUR JOB DUTIES Provide the following information (on pages 2-5) for each of the jobs listed in Part I starting with your usual job.						
Pro							
Jol	Title (from Part I)						
Α.	In your job did you:	Use machines, tools, or equipment of an	y kind?	Yes [□ No		
		Use technical knowledge or skills?		Yes [□ No		
		Do any writing, complete reports or perf similar duties?	form	Yes [□ No		
		Have any supervisory responsibilities?		Yes [□ No		
 C.		amount of physical activity this job involved Circle the number of hours a day spent w					
	Walking Standing	standing 0 1 2 3 4 5 6 7 8					
	Sitting Bending		2 3 4 5 6		constitut Comsta		
	Bending Circle how often a day you had to bend Never - Occassionally - Frequently - Constantly Lifting and Carrying: Describe what was lifted, and how far it was carried. Check below heaviest weight lifted, and weight frequently lifted and/or carried.						
	Heaviest weight lifted			Weight fre	quently lifted	or carried	
		10 lbs.			Up to 10 lbs		
		20 lbs.			Up to 25 lbs		
		50 lbs.			Up to 50 lbs		
		100 lbs.			Over 50 lbs.		
		Over 100 lbs.					

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Pro							
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		Use technical knowledge or skills?		Yes	□ No		
		Do any writing, complete reports or pe similar duties?	erform 🗆	Yes	□ No		
		Have any supervisory responsibilities?		Yes	□ No		
C.	Describe the kind and Walking Standing Sitting Bending Lifting and Carrying:	amount of physical activity this job involved. Circle the number of hours a day spent. Circle the number of hours a day spent. Circle the number of hours a day spent. Circle how often a day you had to bend Describe what was lifted, and how fair quently lifted and/or carried.	walking 0 is standing 0 is sitting 0 in Ne	1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 ver – Occas	6 7 8 6 7 8		
_	Heaviest weight lifted		Weight frequently lifted or carried				
		10 lbs.			Up to 10 lbs.		
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		Use technical knowledge or skills?		Yes		No	
		Do any writing, complete reports or pe similar duties?	rform 🗆	Yes		No	
		Have any supervisory responsibilities?		Yes		No	

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-	He	aviest weight lifted		Weight 1	requ	ently lifted or carried	
		10 lbs.) r	Jp to 10 lbs.	
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Job	Title (from Part I)						
—- А.	In your job did you:	Use machines, tools, or equipment of	any kind?		Yes		No
		Use technical knowledge or skills?			Yes		No
		Do any writing, complete reports or posimilar duties?	erform		Yes		No
		Have any supervisory responsibilities?	!		Yes		No
	Describe the kind and	amount of physical activity this job involv	ed during a ty	——	ıl day ir	ı term	s of:
	Walking	Circle the number of hours a day spen Circle the number of hours a day spen	t walking (0 1	2 3 4	5 6	7 8
	Standing Sitting						
	Sitting Circle the number of hours a day spent sitting 0 1 2 3 4 5 6 7 8 Bending Circle how often a day you had to bend Never - Occassionally - Frequently - Constant Lifting and Carrying: Describe what was lifted, and how far it was carried. Check below heaviest weight lifted, and we quently lifted and/or carried.						
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IF YOU NEED ADDITIONAL SPACE TO PROVIDE INFORMATION ABOUT OTHER JOBS LISTED IN PART I OF THIS FORM, USE PART III OR ASK THE DEPARTMENT OF HUMAN SERVICES FOR ADDITIONAL COPIES OF THIS FORM. -5 — CPF-65018

PART III - REMARKS Use this section for any other information you may want to give about your work history, or to provide any other remarks you may want to make to support your disability claim. (If you need more space, use separate sheets of paper.) NAME (Signature of claimant or person filing on the claimant's behalf) **SIGN HERE** DATE _____ Witnesses are required ONLY if this statement has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the person making the statement must sign below, giving their full addresses. 1. Signature of Witness 2. Signature of Witness Address (number and street, city, state and zip code) Address (number and street, city, state and zip code) Do Not Write Below This Line Completed via Form supplemented ☐ Yes □ No ☐ Personal Interview If "yes," by ☐ Mail Personal Interview ☐ Telephone ☐ Mail ☐ Telephone Signature of Interviewer or Reviewer Title and office Date