HVRP SERVICES

SUPPORT SERVICES includes food, transportation, tools, fees, and specific work clothing needed to support HVRP participants in a stable living environment, enable work readiness, and ensure long-term employment retention.

- **Food** - will be necessary when the HVRP participant does not have the resources available to provide lunch or substance necessary to sustain employment.

- **Transportation** - assistance to help HVRP participants with employability development, job search, and employment opportunities will be provided in the form of bus tickets, and limited petroleum products (*fuel/oil*). ***No funding will be provided for vehicle repairs.***

- **Tools, Fees, Specific Work Clothing:**
  - **Tools** is defined as hand tools, skill-related special tools, hardhat and work-gloves,
  - **Fees** is defined as trade fees and union dues, and
  - **Specific Work Clothing** is defined as basic self-esteem service that is necessary for the individual to be interviewed for employment or wet/cold -weather gear, and other work clothing necessary to obtain and/or sustain employment. Vouchers will be purchased from participating service providers and provided to participants to acquire clothing.

Veterans Responsibilities

- Be completely honest on your application so we can better assist you
- Provide proof of veteran status with application, i.e. DD214, VA Medical card
- Be diligent when your case manager request documents to assist you
- Respond in a timely manner to case manger via phone or e mail when contacted
- Actively participate in job workshops provided by WorkSource or an employment specialist
- Supply at least three jobs a week you have applied for
- Return receipts for purchases when asked by case manager
- Complete application and submit to DVOP for review

The case manger contact information is as follows:

King and Kitsap Countie
Brandon Mabanag
Phone: (360) 725-2182 or 1-800-562-2308
E mail: BrandonM@dva.wa.gov
Fax: (360) 725-2212

Thurston and Pierce Counties
Holly Stenglein
Phone: (360) 725-2176 or 1-800-562-2308
E mail: hollys@dva.wa.gov
Fax: (360) 725-2212

Clark County
John Stevens
Phone: (360) 725-2228 or 1-800-562-2308
E mail: Johnste@dva.wa.gov
Fax: (360) 725-2212

*Assistance will be provided within seven business days of enrollment confirmation with Case Manager.

Funding from the United States Department of Labor, Veterans Employment and Training Services (DOL-VETS) and the Washington Department of Veterans Affairs (WDVA) supports this Program.

HVRP COVER SHEET

Name:_____ **HVRP CLIENT ID** _____

SSN: _____ **Date of Birth:**_____ **Age:** _____

ELIGIBILITY

Type Discharge: _____ **Verification:** ☐ DD-214 ☐ VA Letter / Data System ☐ Other:_____

Demographics: **Gender:** ☐ Male ☐ Female

Ethnicity: Hispanic or Latino ☐ Not Hispanic or Latino ☐

Race: American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐
Native Hawaiian or Pacific Islander ☐ White ☐ (More than 1 Racial Category May Be Selected)

Last Performed Military Service:

☐ 0–3 years ago ☐ 4–7 years ago ☐ 8–11 years ago ☐ 12–15 years ago ☐ 16–19 years ago ☐ 20+ years ago

Economic Status: Economically Disadvantaged ☐ Welfare Recipient ☐ Homeless ☐ Homeless With Family ☐
Incarcerated or Recently Incarcerated at risk of homelessness ☐ Chronically Homeless ☐
Disabled ☐ Special Disabled (≥30%) ☐

Additional Demographics: Campaign Badge Recipient ☐ OEF ☐ OIF ☐ Stand Down Participant ☐
Recently or Newly Separated (<36 mo) ☐

DVOP/DVCM Assigned Yes ☐ No ☐ Name _____

DIRECT CLIENT SERVICES (To be completed with the Veteran and DVOP)

If applicable, check the quarter that training or service was first provided to the participant:

Provided Training	☐ 1st	☐ 2nd	☐ 3rd	☐ 4th
Provided Classroom Training	☐ 1st	☐ 2nd	☐ 3rd	☐ 4th
Provided On-The-Job Training (Contract Number _____)	☐ 1st	☐ 2nd	☐ 3rd	☐ 4th
Provided Occupational Skills Training	☐ 1st	☐ 2nd	☐ 3rd	☐ 4th
Provided Skill and Upgrading and Retraining	☐ 1st	☐ 2nd	☐ 3rd	☐ 4th
Provided Other Training (Type_____)	☐ 1st	☐ 2nd	☐ 3rd	☐ 4th
Provided Job Search Assistance	☐ 1st	☐ 2nd	☐ 3rd	☐ 4th
Provided Life Skills and Money Management	☐ 1st	☐ 2nd	☐ 3rd	☐ 4th
Provided Counseling and Vocational Guidance	☐ 1st	☐ 2nd	☐ 3rd	☐ 4th
Provided Job Club Workshop	☐ 1st	☐ 2nd	☐ 3rd	☐ 4th
Provided Compensated Work Therapy	☐ 1st	☐ 2nd	☐ 3rd	☐ 4th

DIRECT CLIENT SERVICES (HVRP Coordinator)

Provided Tool/Fees/Specific Work Clothing/Boots	☐ 1st	☐ 2nd	☐ 3rd	☐ 4th
Provided Other Supportive Services	☐ 1st	☐ 2nd	☐ 3rd	☐ 4th

ASSESSMENT, ENROLLMENT & PLACEMENT INFORMATION

Enrollment Date/Quarter: _____	☐ 1st	☐ 2nd	☐ 3rd	☐ 4th
Quarter Co-Enrolled in AJC/DVOP _____	☐ 1st	☐ 2nd	☐ 3rd	☐ 4th
Placement Date/Quarter: Quarter _____	☐ 1st	☐ 2nd	☐ 3rd	☐ 4th
Exited: _____	☐ 1st	☐ 2nd	☐ 3rd	☐ 4th

Hourly Wage at Placement: _____ **Hours per week** _____

Is the Participant a Carry-Over Enrollment from Prior Program Year **Yes** ☐ **No** ☐

Quarter Placed in Transitional or Permanent Housing:	☐ 1st	☐ 2nd	☐ 3rd	☐ 4th
Quarter Referred to VA for Benefits:	☐ 1st	☐ 2nd	☐ 3rd	☐ 4th

Referred by:_____ **Phone:**_____ **Location:**_____

WASHINGTON STATE DEPARTMENT OF VETERANS AFFAIRS

HOMELESS VETERANS REINTEGRATION PROJECT
PERSONAL-DEMOGRAPHIC INFORMATION

Name: _____ **Primary contact phone #:** _____

Email: _____ If not Veteran, Name of Contact: _____

Mailing Address: _____

Marital Status:

☐Single ☐Married ☐Divorced ☐Separated ☐Widowed ☐Remarried

Number of Dependents: _____

Citizenship:

Are you a US Citizen ☐Yes ☐No What country, city, and state were you born in? _____

Have you previously experienced homelessness? ☐Yes ☐No

How many times in the past 3 years have you been homeless? ☐ 1 ☐ 2 ☐ 3 ☐ 4 or more

Where did you sleep last night? _____

Current Living Situation / Location:

☐ No residence (outdoors, vehicle, abandoned building) _____

☐ Shelter or Transitional Housing – Name & location_____

☐ Other _____

FINANCIAL INFORMATION

Do you receive any of the following? If so, please specify the monthly amount.

Military/Government Retirement	☐ Yes	$_____	Food Stamps	☐ Yes	$_____
Education Benefits	☐ Yes	$_____	Unemployment Compensation	☐ Yes	$_____
VA SC Disability	☐ Yes	$_____	Child Support	☐ Yes	$_____
VA Pension	☐ Yes	$_____	Labor & Industry	☐ Yes	$_____
Social Security Income (SSI)	☐ Yes	$_____	Wage, Salary, Commission	☐ Yes	$_____
Social Security Disability (SSD)	☐ Yes	$_____	Other (list)_____	☐ Yes	$_____
Welfare (DSHS)/Financial Grants	☐ Yes	$_____			

What are the monthly out-of-pocket expenses?

Food	_____	Clothing	_____	Medical	_____
Shelter	_____	Transportation	_____	Other	_____
Utilities	_____	Child Care	_____		_____

(Attach additional sheets, if needed)

HOMELESS VETERANS REINTEGRATION PROJECT
PERSONAL-DEMOGRAPHIC INFORMATION

MEDICAL INFORMATION

Are you enrolled in VA Healthcare? ☐ Yes ☐ No

Do you need medical treatment now? ☐ Yes ☐ No

If "Yes" – List what you feel is needed:_____

_____

LEGAL INFORMATION

Convictions History: _____

_____

Do you have any outstanding warrants? ☐ Yes ☐ No

Do you have any legal issues pending? ☐ Yes ☐ No **Type:** ☐ *Civil* ☐ *Criminal*

Have you been ordered to pay child support? ☐ Yes ☐ No **Amount?**_____

Do you have a valid drivers' license? ☐ Yes ☐ No **State/#:**___/_____

EMPLOYMENT INFORMATION AND BARRIERS

Employment Status:

☐ Working Full-Time ☐ Working Part-Time ☐ Day Labor ☐ Unemployed

Last Date Worked: _____

What are your primary work skills / abilities? _____

_____

_____

How many jobs you had in the last two years? _____

Reason(s) for leaving each job? _____

_____

_____

(Attach additional sheets, if needed)

REMARKS: Please state anything further we may need to know to assist you.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

What Services Are Needed:

- ☐ Food
- ☐ Clothing
- ☐ Shelter / Housing
- ☐ Employment Services
- ☐ Transportation
- ☐ VA Benefits & Entitlements
- ☐ Medical / Dental Treatment
- ☐ Counseling:
  - __Mental Health
  - __PTSD
  - __Substance Use Disorder
  - __Other _____

(Attach additional sheets, if needed)

HVRP
RELEASE OF INFORMATION

Release of Information Form for _____
(client name)

☐ **I do not give** _____ (Agency) **permission to share** any information about me in the HVRP system.

OR

☐ **I give** ____**WDVA**_____ (Agency) **permission to share** the following types of information about me in the HVRP system:

(Check all types of information you give permission to share)

- ☐ **Personal Data and Demographics**
- ☐ **Military Service**
- ☐ **Circumstance of Homelessness**
- ☐ **Health and Mental Health Assessment**
  - Health
  - Mental Health
  - Alcohol, Drugs
- ☐ **Employment/Education**
- ☐ **Current or Previous Social, Health, or Mental Health Services Received**
- ☐ **VA Benefits & Entitlements Status**
- ☐ **Individual Employment Plan**
  - Assessment of Barriers to Employment
  - Case Plan
- ☐ **Employment Placement Information**
- ☐ **Direct Client Services**
  - Residential Stability
  - Training Service
  - Employment Support Services
- ☐ **Exit-Follow-Up**
  - Date and Reason Exited
  - Current Housing
- ☐ **Outcomes**
  - Outcomes Achieved

I understand that if I give this agency permission to share any types of information in the HVRP system, that shared information will be identified with my personal information (*such as name, social security number, date of birth, gender, etc.*) so that the Partner they are sharing it with will know who the information is about.

They may share this information about me in the HVRP system with:

(Choose one)

☐ **Any** HVRP Partners necessary to provide me the service I need

☐ **Any** HVRP Partners **except for** the following agencies and programs**:** _____

_____

☐ **Only** the following agencies and programs**:** _____

_____

Note that we are not required to agree to additional restrictions that you request beyond those listed here. But, if we do agree to additional restrictions (that you request in writing), then they are binding on this Agency and on our HVRP partner agencies.

HVRP
RELEASE OF INFORMATION

By signing this, I certify I understand that:

- The purpose of sharing information with other agencies is to help with case management, improve the services I receive, and allow other agencies to access information about me more quickly if needed.
- The Agency may deny me HVRP services if I do not give them permission to enter my data into the HVRP system or share it with other agencies.
- I am entitled to a copy of this release and sharing form.
- I may revoke this sharing permission at any time by delivering or mailing a written statement canceling my consent and/or release of information to the Agency. Revoking my consent/release will not change anything for those people or agencies that had previously received my information while my consent/release was in effect.
- The current list of Agencies who are HVRP Partners that may have access to my information (if agreed to on front) is listed at www.dva.wa.gov I understand that additional agencies may join HVRP at any time and will also have access to my personal information unless I excluded them on the front. I understand that upon my request, the Agency must provide me with a list of current Partner Agencies before I sign this release and sharing form, and must allow me to view the updated list of Partner Agencies so long as my release/sharing permission remains in effect.
- I have reviewed a copy of the *HVRP Client Privacy Rights* posted at this Agency.

_____ _____

Client Signature *Date*

_____

Print Name

_____ _____

Agency Representative Signature *Date*

_____

Print Name

WASHINGTON STATE DEPARTMENT OF VETERANS AFFAIRS

"Serving Those Who Served"

HVRP SUPPORT SERVICES REQUEST

Client Name _____ Date Select date

Case Manager

Name _____ Phone _____

Mailing Address _____

_____

_____

Cover Sheet, Proof of Service, and Financial Documents Attached

For the Following Service (Invoice Attached)

_____

_____

_____

_____

_____

_____

Vendor Information

Name _____

Address _____

City, State, Zip _____

Tax ID# _____

POC _____

Required Documents

☐ **Proof of Service:** *DD-214, VA Letter Verifying Service, BDN or VISTA printout with discharge type indicated.*

☐ If **request is for training:** enrollment documents, purpose of training and an estimate when the veteran will be work-ready for unsubsidized employment (1-3 months or 3-6 months)

☐ If **request is for tools, equipment, work clothes, licensing fees:** a conditional letter of hire from employer stating will hire if individual has tools, equipment, work clothes, or license and a list of the minimum tools / equipment requirements to start and maintain the job for 90-days.

☐ **Financial Documents:** Invoice / bill and Vendor Information *(IRS Form W-9 may be required)*.

Provide paid-in-full receipt to WDVA as soon as purchase made

FAX to ATTN: HVRP Coordinator 360-725-2212

INDIVIDUAL EMPLOYMENT PLAN

The IEP is an individual plan of what needs to take place for you to return to employment. Your plan will describe the services necessary to assist you in eliminating the barriers to employment which you have identified. You and your case manager and/or HVRP Coordinator must sign the IEP in order for it to be valid. Please be as honest and forthright as possible.

1. Full name**:**

2. My disability causes the following employment barriers:

3. I have other employment barriers not related to my disability including:

4. Description of the job or work setting, desired salary, and number of hours per week I seek:

5. These are my personal qualities, skills, strengths, educational background, and prior work experience:

6. Here are my solutions to overcoming the barriers listed above:

7. These are my specific employment goals:

8. I will conduct timely HVRP follow up's. I understand that there will be at least a minimum of a **30, 60, 90, 180, 270** day follow ups that I agree to meet upon enrollment into HVRP.

Veteran's Signature: _____ Date: _____

Veteran's Printed Name: _____

Staff Signature_____ Date: _____

Staff Printed Name _____

STATE OF WASHINGTON
DEPARTMENT OF VETERANS AFFAIRS
SERVICE CENTER
1102 Quince St SE• PO Box 41155 • Olympia, Washington 98504-1155 • 1-800-562-2308

FAX: 360-725-2212

EMPLOYMENT CONFIRMATION – RELEASE OF INFORMATION

I, _____, authorize the Washington Department of Veterans Affairs to obtain the following information regarding my employment:

Name of Organization: _____

Supervisor: _____

Address: _____

Phone Number: _____

Date of Hire: _____

Position / Title: _____

Hours per Week: _____

Wage per Hour: _____

This authorization will remain in effect for one year from the date of signature.

_____ _____
Signature Date