



## 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, Kitsap and Mason Counties**  
**HVRP Case Manager** - Jon Matthews  
Phone: (360) 725-2182 or 1-800-562-2308  
E mail: [JonM@dva.wa.gov](mailto:JonM@dva.wa.gov)  
Fax: (360) 725-2212

**Yakima County**  
**HVRP Program Specialist** -John Stevens  
Phone: (360) 725-2228 or 1-800-562-2308  
E mail: [Johnste@dva.wa.gov](mailto:Johnste@dva.wa.gov)  
Fax: (360) 725-2212

**Thurston, Pierce and Lewis Counties HVRP**  
**Case Manager** - Holly Stenglein  
Phone: (360) 725-2176 or 1-800-562-2308  
E mail: [hollys@dva.wa.gov](mailto:hollys@dva.wa.gov)  
Fax: (360) 725-2212

**Spokane, Stevens, Ferry, Pend O'reille, Grant, Lincoln, Whitman & Adams Counties**  
**HVRP Case Manager** - Stephen McGuire  
Phone: (509) 477-4436  
E mail: [Stephen.McGuire@dva.wa.gov](mailto:Stephen.McGuire@dva.wa.gov)  
Fax: (509) 477-2299

\*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	<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd	<input type="checkbox"/> 4th
Provided Classroom Training	<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd	<input type="checkbox"/> 4th
Provided On-The-Job Training (Contract Number _____)	<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd	<input type="checkbox"/> 4th
Provided Occupational Skills Training	<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd	<input type="checkbox"/> 4th
Provided Skill and Upgrading and Retraining	<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd	<input type="checkbox"/> 4th
Provided Other Training (Type _____)	<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd	<input type="checkbox"/> 4th
Provided Job Search Assistance	<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd	<input type="checkbox"/> 4th
Provided Life Skills and Money Management	<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd	<input type="checkbox"/> 4th
Provided Counseling and Vocational Guidance	<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd	<input type="checkbox"/> 4th
Provided Job Club Workshop	<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd	<input type="checkbox"/> 4th
Provided Compensated Work Therapy	<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd	<input type="checkbox"/> 4th

## DIRECT CLIENT SERVICES (HVRP Coordinator)

Provided Tool/Fees/Specific Work Clothing/Boots	<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd	<input type="checkbox"/> 4th
Provided Other Supportive Services	<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd	<input type="checkbox"/> 4th

## ASSESSMENT, ENROLLMENT & PLACEMENT INFORMATION

Enrollment Date/Quarter: _____	<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd	<input type="checkbox"/> 4th
Quarter Co-Enrolled in AJC/DVOP _____	<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd	<input type="checkbox"/> 4th
Placement Date/Quarter: Quarter _____	<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd	<input type="checkbox"/> 4th
Exited: _____	<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd	<input type="checkbox"/> 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: \_\_\_\_\_

# 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	<input type="checkbox"/> Yes	\$ _____	Food Stamps	<input type="checkbox"/> Yes	\$ _____
Education Benefits	<input type="checkbox"/> Yes	\$ _____	Unemployment Compensation	<input type="checkbox"/> Yes	\$ _____
VA SC Disability	<input type="checkbox"/> Yes	\$ _____	Child Support	<input type="checkbox"/> Yes	\$ _____
VA Pension	<input type="checkbox"/> Yes	\$ _____	Labor & Industry	<input type="checkbox"/> Yes	\$ _____
Social Security Income (SSI)	<input type="checkbox"/> Yes	\$ _____	Wage, Salary, Commission	<input type="checkbox"/> Yes	\$ _____
Social Security Disability (SSD)	<input type="checkbox"/> Yes	\$ _____	Other (list) _____	<input type="checkbox"/> Yes	\$ _____
Welfare (DSHS)/Financial Grants	<input type="checkbox"/> 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)



# HOMELESS VETERANS REINTEGRATION PROJECT PERSONAL-DEMOGRAPHIC INFORMATION

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

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**What Services Are Needed:**

- |   |   |
|---|---|
| <input type="checkbox"/> Food                       | <input type="checkbox"/> Medical / Dental Treatment |
| <input type="checkbox"/> Clothing                   | <input type="checkbox"/> Counseling:                |
| <input type="checkbox"/> Shelter / Housing          | __Mental Health                                     |
| <input type="checkbox"/> Employment Services        | __PTSD  |
| <input type="checkbox"/> Transportation             | __Substance Use Disorder                            |
| <input type="checkbox"/> VA Benefits & Entitlements | __Other _____                                       |

# 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)*

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Personal Data and Demographics</b></li> <li><input type="checkbox"/> <b>Military Service</b></li> <li><input type="checkbox"/> <b>Circumstance of Homelessness</b></li> <li><input type="checkbox"/> <b>Health and Mental Health Assessment</b> <ul style="list-style-type: none"> <li>• Health</li> <li>• Mental Health</li> <li>• Alcohol, Drugs</li> </ul> </li> <li><input type="checkbox"/> <b>Employment/Education</b></li> <li><input type="checkbox"/> <b>Current or Previous Social, Health, or Mental Health Services Received</b></li> <li><input type="checkbox"/> <b>VA Benefits &amp; Entitlements Status</b></li> <li><input type="checkbox"/> <b>Individual Employment Plan</b></li> </ul> | <ul style="list-style-type: none"> <li>• Assessment of Barriers to Employment</li> <li>• Case Plan</li> <li><input type="checkbox"/> <b>Employment Placement Information</b></li> <li><input type="checkbox"/> <b>Direct Client Services</b> <ul style="list-style-type: none"> <li>• Residential Stability</li> <li>• Training Service</li> <li>• Employment Support Services</li> </ul> </li> <li><input type="checkbox"/> <b>Exit-Follow-Up</b> <ul style="list-style-type: none"> <li>• Date and Reason Exited</li> <li>• Current Housing</li> </ul> </li> <li><input type="checkbox"/> <b>Outcomes</b> <ul style="list-style-type: none"> <li>• Outcomes Achieved</li> </ul> </li> </ul> |
|---|---|

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

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**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](http://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*



# 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