

Client Information

Name: _____ HVRP Client ID: _____

SSN#: _____ DOB: _____ Place of Birth: _____

Age: _____

Client Contact Information

Preferred Method of Contact: (Select all that Apply) Mobile Phone _____ Email _____

Home Phone # _____

Mobile Phone # _____

Other Phone # _____ (POC for this number)

Email Address #1 _____

Email Address #2 _____

Email Address #3 _____

Client Demographic Information

Ethnicity: Hispanic or Latino _____ Not Hispanic or Latino _____

Race: American Indian or Native American _____ Asian or Asian American _____

Black or African American _____ Native Hawaiian or Pacific Islander _____

White _____ (more that one category can be selected)

Gender Identity: Male _____ Female _____ Other _____

Marital Status: Single _____ Married _____ Divorced _____ Separated _____

Drivers Information: Do you have a valid US Driver's License? Yes _____ No _____

If yes, what state is the license issued from? _____

What is your Driver's License Number? _____

Client Address Information

Living Arrangement: _____

Street 1: _____

Street 2: _____

Street 3: _____

City _____ State _____ Zip Code _____

County of Washington State: _____

Residing County: _____ Country _____

Housing Status: Do you Own or Rent a Home Yes _____ No _____

Do you rent a Home or Apartment Yes _____ No _____

Are you staying with Family or Friends Yes _____ No _____

Are you Homeless Yes _____ No _____

Are you Homeless with your family Yes _____ No _____

Client's Military Service Information

Currently on Active Duty: Yes No

Last performed Military Service:

0-3 Years	4-7 Years	8-11 Years	12-15 Years	16-19 years	20+ years
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(Select One)

Newly Separated: Yes No (Within the last 3 years of today)

Awarded a Campaign or Expeditionary Medal: Yes No

General Military Information

Start Date _____

End Date _____

Proof Provided Yes No (DD214 or an Official VA Letter of Service)

Character of Service _____

Branch of Service _____

Military Service Era

World War II Korean Conflict Vietnam Era

Desert Storm GWOT Other
(Global War on Terror)

Peacetime

Did you Deploy for Operation Iraqi Freedom (OIF) Yes No

Did you Deploy for Operation Enduring Freedom (OEF) Yes No

Client Employment Information

Employment Status: Full Time Part Time Unemployed

Unemployed Seeking Yes No

Unemployed Not Seeking Yes No

Last date you worked _____

How Many Jobs have you had in the past 2 years? _____

What are your Skills and Abilities? _____

Are you currently registered with a LVER or DVOP Specialist at your local WorkSource or AJC?
 Yes No

Barriers to Employment:

Health Issues Lack of Transportation Education Barriers

Insufficient Job Skills Alcohol Dependence Homelessness

Mental Health Issues Discrimination No Training

Drug Dependence Criminal Justice Involvement Civil Legal Issues

Other Reasons _____

Monthly Resources and Expenditures

* Enrollment into HVRP is not dependent on any income you have. You will not be disqualified regardless of what you earn. It is critical you list all sources of incomes so your case manager can connect you to different programs for different resources. * **Income is not a factor in your enrollment into HVRP**

Monthly Personal Income			
Child Support	_____	Retirement Pay	_____
	Amount		Amount
Education Benefits	_____	SSI/SSDI	_____
	Amount		Amount
Employment	_____	Undetermined	_____
	Amount		Amount
Food Stamps	_____	Unemployment	_____
	Amount		Amount
GI Bill Benefits	_____	VA Disability Compensation	_____
	Amount		Amount
Guard or Reserve Pay	_____	VA Pension	_____
	Amount		Amount
Other	_____	Workers Comp - (L&I Support)	_____
	Amount		Amount
Public Assistance	_____		
	Amount	Total Income Amount	

Monthly Personal Expenses			
Alimony	_____	Medical Expense Non-VA	_____
	Amount		Amount
Association Dues	_____	Medical Expense VA	_____
	Amount		Amount
Cable Bill	_____	Mortgage	_____
	Amount		Amount
Car Payment	_____	Other	_____
	Amount		Amount
Child Care	_____	Rent	_____
	Amount		Amount
Child Support	_____	Storage Fees	_____
	Amount		Amount
Credit Card Payments	_____	Taxes	_____
	Amount		Amount
Household Miscellaneous	_____	Telephone Bill	_____
	Amount		Amount
Auto Insurance	_____	Utilities Electric	_____
	Amount		Amount
Home Insurance	_____	Utilities Water	_____
	Amount		Amount
		Total Expense Amount	

Incarceration Information

Have you been incarcerated in the last 90 days?	Yes	No
Do you have any outstanding warrants?	Yes	No
Do you have any pending legal issues?	Yes	No
Have you been ordered to pay child support?	Yes	No
Please list any Criminal Convictions History?	_____	

Clients Immediate Needs Information

Primary Immediate Needs: Employment Support

Please check each service needed

Addiction Treatment	Child Care
Claims Assistance	Education
Employment Support Services	Finding a Job
Food	Housing / Shelter
Medical Treatment	Mental Health Treatment
Rent or Mortgage	Transition to Civilian Life
Transportation	Tuition Books Fees
Utilities	Other _____

Remarks: Please tell us anything further we may need to know about you situation and your housing situation

Inbound Referral Information

Referring Organization: _____

Person Referring Name: _____ Phone Number _____

Enrollment County: _____ Date Enrolled _____

Program Applications (App)

Homeless Status Verified: Yes _____ No _____ How was it verified: _____

Individual Employment Plan Completed? Yes _____ No _____ Date _____

Economic Status

Economically Disadvantaged Yes _____ No _____

Welfare Recipient Yes _____ No _____

Campaign Badge Awarded Yes _____ No _____

Attended a Veterans Stand Down Yes _____ No _____

Eligibility and Additional Details:

Disabled or Disability Reported? Yes _____ No _____

Special Disabled (VA Comp 30 or Higher?) Yes _____ No _____

Address and Housing Status Information

Homeless: Yes _____ No _____

Homeless How Long? _____ (# months)

Where did you sleep last night? _____

*Staying Outdoors, in a vehicle, a place not suited for long term living Yes _____ No _____

*Staying in a shelter or transitional housing Yes _____ No _____

*Other (please describe) _____

Chronically Homeless: Yes _____ No _____

* How many times have you been homeless in the last 3 years?

1	2	3	4
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 (Select One)

Have you been homeless for more than 12 months at any one time? Yes _____ No _____

Are you currently homeless with your family? Yes _____ No _____

Are you pending incarceration or at risk of going to jail if you do not comply with the Court/Probation Officer or Community Corrections Officer: Yes _____ No _____

Direct Client Services

(Completed by the DVOP or Employment Case Manager)

If applicable please check the quarter that the training was first provided to the participant:

	1 Jul-30 Sep	1 Oct-31 Dec	1 Jan-31 Mar	1 Apr-30 Jun
Classroom Training				
On the Job Training				
Occupational Skills Training				
Skills Upgrading and Retraining				
Other Training				

	1 Jul-30 Sep	1 Oct-31 Dec	1 Jan-31 Mar	1 Apr-30 Jun
Job Search Assistance				
Life Skills and Money Management				
Counseling/Vocational Guidance				
Job Club Workshop				
Compensated Work Therapy (CWT)				
Apprenticeship Training				

Date enrolled for DVOP/WorkSource/AJC Services _____

This Section is completed by the HVRP Case Manager

	1 Jul-30 Sep	1 Oct-31 Dec	1 Jan-31 Mar	1 Apr-30 Jun
Tools/Fees/Specific Work				
Clothing/Boots				
Provided other supportive services				
Enrollment Date/Quarter				
Quarter Co-Enrolled in AJC/DVOP				
Placement Date/Quarter				
Exited Date/Quarter				

Hourly Wage at Placement

Hours Per Week

	1 Jul-30 Sep	1 Oct-31 Dec	Yes 1 Jan-31 Mar	No 1 Apr-30 Jun
Is Participant a Carry-over enrollment from prior program year				
Quarter Placed in Transitional or Permanent Housing				
Quarter Referred to VA for Benefits				

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 whom had previously received my information while my consent/release was in effect.
- The current list of Agencies who are HVRP Partners which may have access to my information (if agreed to on front) is listed at www.dva.wa.gov I understand 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 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 there will be at least a minimum of a **30, 60, 90, 180, 270** day follow-ups I agree to meet upon enrollment into HVRP.

[Check to Acknowledge](#)

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