

HVRP Manual Sample Forms

This a sample form and **does not** mean NVTAC or US DOL-VETS endorses this form as required, or as an approved form. This form was one of many that were collected from service providers and is only intended to help program planners develop forms and tools that will serve the needs of their program.

HVRP Eligibility/Assessment Form

General Information						
Last			First			Middle
Gender			Date of Birth			Today's Date
Current housing type						
Describe housing situation						
Address						
City/Borough				State		ZIP
Phone				Type		
Email						
Alternate Contact/Person that can usually reach you						
Phone				Relationship		

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General Information (Continued)					
Ethnic Background (Select one)	Caucasian	African American	Hispanic/Latino	Native American	Other
Special Groups (Select ALL that apply)	Special Disabled	Disabled	Newly Separated	Campaign Badge Recipient	OIF/OEF
	Public Assistance	Economically Disadvantaged	Homeless	Chronically Homeless	Stand Down Participant
Have you ever participated in a previous HVRP program?				Yes	No
Participation with	Services for the Underserved (SUS)		America Works	Black Vets for Social Justice	
Have you ever been convicted of a crime?			Yes	No	Felony
Describe					
Have you ever been incarcerated?			Yes	No	
Describe					
Are you currently on parole or probation?			Yes	No	
Describe					

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Service Questions							
Branch of Service	Army	Navy	Marine Corps	Air Force	Coast Guard		
Date of last military service							
Length of Service							
Locations/Region of service							
Type of Discharge	Honorable	Other Than Honorable			Dishonorable		
Rank at Discharge							
Specialization							
Trainings							
Awards/Decorations							
Connected to VA Services?	Yes	No	Where?	The Bronx	Manhattan	Brooklyn	
Social Worker				Contact number			

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Vocational Goals			
Long-Term Goal (6+ months)			
Short-Term Goal			
What is needed to achieve Short-Term Goal?	Job Placement Assistance	Vocational (Hard Skills) Training	Soft-Skills Training
Barriers to employment			

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Education					
Secondary	High School Diploma	GED	No Diploma (last grade completed): _____		
College (Highest completed)	Some	Associates	Bachelors	Graduate Degree (Specify): _____	
	Issuing Institution		Major		
Technical School	Institution		Course		
	License/Certificate		Year Issued		
	Institution		Course		
	License/Certificate		Year Issued		
	Institution		Course		
	License/Certificate		Year Issued		

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Work Experience			
Company		Position	
Duties			
Years Worked		Reason left	
Company		Position	
Duties			
Years Worked		Reason left	
Company		Position	
Duties			
Years Worked		Reason left	

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Documents			
VA Identification card	Yes	No	
DD-214	Yes	No	
NYS Identification card	Yes	No	
Driver's License	Yes	No	
Birth Certificates	Yes	No	
Social Security Card	Yes	No	
Diplomas (Specify)	Yes	No	
Rap Sheet (if applicable)	Yes	No	
Credit Report	Yes	No	
Resume	Yes	No	
References	Yes	No	

Status			
Enroll		Date	
Refer Elsewhere		Date	
ending (describe actions needed for determination)			