

# 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.*

## Veterans Work Program Intake Application/Assessment

Today's Date \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: -

City State

Zip

Resident Address (if different from above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Do you use?  Twitter  Face Book  My Space  Other  
\_\_\_\_\_

(Identify)

Male  Female Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

<b>Contact People:</b> provide names, addresses and phone numbers of two family members or friends (not living with you) who will always know how to contact you			
Name:		Relationship:	
Address:		City:	Zip:
Home Phone:	Cell Phone:	Email:	
Name:		Relationship:	
Address:		City:	Zip:
Home Phone:	Cell Phone:	Email:	

Race/Ethnicity:  White  Asian/Pacific Islander  Black  Hispanic  Latino  American Indian/Alaskan Native

(mark all that apply)

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Are you a U.S. citizen?  YES  NO If no, are you authorized to work in the U.S.?  
 YES  NO

Are you currently employed?  YES  NO If yes, where? \_\_\_\_\_  
Current wage \_\_\_\_\_

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Education & Training			
Name	City/State	Field of Study	Diploma, Degree, or Certificate
High School:			
College:			
Other:			
List any additional job credentials such as special license, driving endorsements, etc.: _____			

Do you have a record of felony or misdemeanor arrests/convictions  YES  NO If yes, explain:

\_\_\_\_\_

Military veterans and qualifying spouses will receive priority for enrollment. Are you a veteran?  
 YES  NO

Dates of Military Service

Entered Month/Year \_\_\_\_\_ Ended

Month/Year \_\_\_\_\_

Yes or No Campaign Badge \_\_\_\_\_ Recently Separated Veteran \_\_\_\_\_ OEF \_\_\_\_\_  
OIF \_\_\_\_\_

Stand-down \_\_\_\_\_ Chronically Homeless \_\_\_\_\_ Please  
Explain \_\_\_\_\_

Male applicants, age 18 or older and born on or after January 1, 1960, must be registered with the U.S. Selective Service. If you are a member of this group, have you registered with Selective Service?

YES  NO

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## ELIGIBILITY DATA

Please check any/all of the boxes that apply to you or your household. All information is confidential and will only be used for eligibility purposes.

### Adult Program

Number of family members currently living in my home: \_\_\_\_\_

Total wages for everyone in the home (before taxes) during the last 6 months:

\_\_\_\_\_

CHECK MARK ANY/ALL THAT APPLY

- I am homeless
- Transitional housing or
- Permanent Housing
- Disabled
- Special Disabled (30% or higher disability rating)

I am currently working with another training or employment agency such as Vocational Rehabilitation, Industrial Commission, Veteran's Administration, Job Corp, etc. Identify the agency or agencies \_\_\_\_\_.

I or my family receive

- My household currently receives or has received food stamps during the last 6 months
- SSI (Supplemental Security Income for the disabled)
- TANF/TAFI (temporary assistance from Health & Welfare)
- Refugee Assistance