

SUPPORT SERVICES includes food, transportation, tools, fees, and specific work clothing needed to support the Homeless Veteran Reintegration Program participants in a stable work environment and supports long-term employment retention.

- **Food** - can be provided 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:** examples are hand tools, skill-related special tools, hardhat and work-gloves.
 - Fees:** such as defined as trade fees and union dues.
 - Specific Work Clothing:** are basic self-esteem services 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 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 Letter of Service (**Required**)
- * 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:

King County

HVRP Case Manager - **Ken Schoener**
Phone: (360)725-2182 or 1-800-562-2308
mail: Kenneth.Schoener@dva.wa.gov
Fax: (360) 725-2212

Thurston, Pierce, Kitsap, Mason and Lewis Counties

HVRP Case Manager - **Isaia Vimoto**
Phone: (360) 725-2176 or 1-800-562-2308
E mail: Isaia.Vimoto@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
Fax: (360) 725-2212

Spokane, Stevens, Ferry, Pend O'reille, Grant, Lincoln, Whitman & Adams Counties

HVRP Case Manager - **Holly Stenglein**
Phone: (509) 477-4436
E mail: HollyS@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 Application 2023 -2024

Participant Name

Social Security Number

Birth Date

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 _____

Ethnicity		
Hispanic or Latino	Not Hispanic or Latino	Did Not Identify

Race

American Indian or
Alaskan Native

Black or African American

White

Asian

Native Hawaiian or Pacific
Islander

Did Not Identify

Sex (Assigned at Birth)

Male

Female

Intersex

Gender Identity		
Male	Transgender	Another Gender Identity
Non-Binary	Female	Did Not Identify

Sexual Orientation

Straight/Heterosexual

Bisexual

Did Not Identify

Gay or Lesbian

Another Sexual Orientation

Highest Education Level at Enrollment

- | | |
|--|---|
| 1. Attained secondary school diploma | 5. Attained an Associate degree |
| 2. Attained a secondary school equivalency | 6. Attained a Bachelor's degree |
| 3. Completed one or more years of postsecondary education | 7. Attained a degree beyond a Bachelor's degree |
| 4. Attained a postsecondary technical or vocational certificate (non-degree) | 8. No Educational Level Completed |

Client Address Information

Street 1: _____
 Street 2: _____
 Street 3: _____
 City _____ State _____ Zip Code _____

County of Washington State: _____

Last Branch of Military Service

- | | | | |
|-----------|----------------|---------|-------------|
| Air Force | Coast Guard | Marines | Space Force |
| Army | Guard/Reserves | Navy | |

Military Entry Date

Military Discharge Date

Military Discharge Status

- | | | |
|-----------|----------------------|----------------------------------|
| Honorable | Other than Honorable | Entry Level or Non-Characterized |
| General | Bad Conduct | |

Era Served

- | | |
|---|---|
| Gulf War Era II (Sep 2001 - present) | Other Service Period: after Korean War & before Vietnam Era (Feb 1955 - Jul 1964) |
| Gulf War Era I (Aug 1990 - Aug 2001) | Korean War (Jul 1950 - Jan 1955) |
| Other Service Period: after Vietnam Era & before Gulf War Era I (May 1975 - Jul 1990) | Other Service Period: after WWII & before Korean War (Jan 1947 - Jun 1950) |
| Vietnam Era (Aug 1964 - Apr 1975) | World War II (Dec 1941 - Dec 1946) |

Service Delivery Area (SDA) Exception This area is for the HVRP Case Manager Only, Please do not fill in any information for the SDA Exception

Check box if participant is receiving services outside of the grant's approved SDA under an SDA exception. See [Veterans' Program Letter \(VPL\) 05-19](#) Exception for the Provision of Emergency Services by HVRP Grantees Outside of their Approved SDA.

Service Delivery Area (SDA)

Enter location information that is most applicable to the Participant at the time of enrollment.

State	County	City	Zip Code
-------	--------	------	----------

Service Delivery County Living Wage – Hourly Rate

Use the [Living Wage Calculator](https://livingwage.mit.edu/) (https://livingwage.mit.edu/) to find the living wage for the participant's service delivery county. Input the living wage hourly rate shown for the county based on 1 adult and the participant's number of dependent children (min=0 to max=3).

Employment History

Entries must be between 1 (7 days) to a maximum of 26 (182 days). If the participant was in the employment status for a period of less than 7 days, or not in the employment status at all, enter 0.

Unemployed

Number of weeks (non-consecutive), within the past six months from the date of enrollment, that the participant was unemployed

Employed Below County Living Wage

Number of weeks (non-consecutive), within the past six months from the date of enrollment, that the participant was employed below the service delivery county living wage.

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 _____

What are your Skills and Abilities? _____

* 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	

Clients Immediate Needs Information

Primary Immediate Needs: Employment Support

Please check each service needed

Addiction Treatment

Claims Assistance

Employment Support Services

Food

Medical Treatment

Rent or Mortgage

Transportation

Utilities

Child Care

Education

Finding a Job

Housing / Shelter

Mental Health Treatment

Transition to Civilian Life

Tuition Books Fees

Other _____

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

Enrollment

Service Start Date

Eligibility	At Risk of Homelessness
Homeless	* Must meet the definition of "At Risk of Homelessness" in VPL 02-23 Att.1 Veterans Program Letter (VPL) 02-23 Att.1

Population Served

Eligible Incarcerated
Veteran

Episodic Homeless

Homeless with Children

Housing Status at Enrollment	
Unsheltered Homeless	Permanent Supportive Housing
Sheltered Homeless/Temporary Supportive Housing	Permanent Housing

Housing Status: Are you Episodically Homeless (combined 12 months in last 4 years or 4 times in the last 4 years) Yes No

Where did you sleep last night? _____

Co-Enrolled in WorkSource or the American Job Center (AJC)	
Yes	
No	Date Received First Service with WorkSource or (AJC)
Participant Declined	

Additional Co-Enrollments – Select all that apply.

Federal Emergency Management Agency (FEMA)

SSVF-Shallow Subsidy (Rental Assistance)

Veterans Affairs (VA) Grant and Per Diem (GPD)/Transitional Housing

Native American Housing Assistance & Self-Determination Act (NAHASDA)

Supportive Services for Veteran Families (SSVF)

VA Supportive Housing (VASH)

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.
- <https://www.dva.wa.gov/privacy-policy-disclaimer>

Client Signature

Date

Print Name

Agency Representative Signature

Date

Print Name



HVRP Program Case Information: **For HVRP Case Manager Only**

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 _____



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