



Veteran Initial Intake

Please take your time to answer each question to the best of your ability. The intake will be used to determine if you meet the qualifications as defined by Veteran Program Letter (VPL) 03-14,03-14 Change 1 & 2, 04-14, 08-14 and Training and Employment Guidance Letter (TEGL) 19-13 Change 1 & 2 ,20-13, and 38 USC 41 & 42 which governs the Jobs for Veterans State Grant (JVSG).

Name:		SSN: (Last 4)		DOB:	/	/
Email:				Phone:	()	-
Address:		Apt#:		City:		State:
						Zip:

Emergency Contact Name:		Relationship:	
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Home Phone:	() -	Cell Phone:	() -
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Branch of Service:	<input type="checkbox"/> Army	<input type="checkbox"/> Navy	<input type="checkbox"/> Air Force	<input type="checkbox"/> Marines	<input type="checkbox"/> National Guard	<input type="checkbox"/> Coast Guard
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Service Begin Date(s):		Service End Date(s):	
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Status of <u>Most Recent</u> Discharge:	<input type="checkbox"/> Honorable	<input type="checkbox"/> Other (please explain):	
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1. Are you registered in Employ Florida (EF)?

2. Please check all of the following that may apply to you.

- 1. Do you have a current or pending Service Connected Disability (SCD)? ____%
- 2. Recently-separated (36 months or less), who has been unemployed for 27 or more weeks in the last 12 months.
- 3. An offender who is currently incarcerated or who has been released from incarceration at any time in his/her life.
- 4. Homeless or expect to become homeless in the next 21 days, fleeing, or are attempting to flee: domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions in current housing situation, including where the health and safety of children are jeopardized, and who have no other residence and lack the resources or support networks to obtain other permanent housing.
- 5. Lack a High School Diploma or equivalent certificate
- 6. Low Income: Enter Family # Size ____ Enter Annual Income ____ (See 6a chart). Are you receiving any public assistance? Yes No
- 7. Veteran ages 18-24 years old?
- 8. A transitioning Service Member age 18-24, or received a warm hand off letter, or laid off due to military force reduction.
- 9. A Veterans' Family "Care Giver"
- 10. Are you receiving care in a Military Treatment Facility (MTF) or Wounded Warrior Transition unit (WWTU)?

6a. Low Income

FAMILY UNIT SIZE	Annual Income/ 6 Month Income
1	\$12,140 / \$6,070
2	\$16,460 / \$8,230
3	\$21,162 / \$10,581
4	\$26,126 / \$13,063
5	\$30,835 / \$15,418
6	\$36,063 / \$18,032
7	\$41,291 / \$20,646
8	\$46,519 / \$23,260

For each additional person in a family above eight, add \$5,228 (annually) per person.

****100% of poverty**

3. Are you the <u>spouse</u> of a Veteran with 100% Service Connected Disability, or died of SCD, or while SCD was in existence, Missing In Action or captured in line of duty by a hostile force or detained in line of duty by a foreign government or power?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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4. Highest Education Completed:	<input type="checkbox"/> Less than HS	<input type="checkbox"/> High School or GED	<input type="checkbox"/> Associate	<input type="checkbox"/> Bachelor	<input type="checkbox"/> Master	<input type="checkbox"/> Doctorate
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5. What was your primary military occupation or current civilian occupation? _____

a. Do you have the training, skills and abilities to continue in this primary occupation? _____
If No, please list which skills you need to update below.

b. What transferable skills do you have from this occupation?

6. If you cannot find a job in your primary occupation, what is your desired occupation? _____

a. Do you have the training, skills and abilities for this desired occupation? If not, explain.

7. Do you have a résumé?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, is the résumé available in electronic format?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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8. How many employers have you worked for in the past 10 years?	_____
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9. What skills or knowledge do you have that will help you get a job? (Strengths)	<input type="checkbox"/> Computers	<input type="checkbox"/> Finance	<input type="checkbox"/> Organization	<input type="checkbox"/> Literacy/Language
Other (please explain):	_____			

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10. Why do you think you have been unable to get a job? (Weaknesses)
 Lack of Related Skills Limited Computer Skills No Résumé Literacy/Language
 Other (please explain): _____

11. Are you ready and willing to seek employment? Yes No

12. Are you interested in Credit or Financial Coaching/Counseling that is available onsite at no cost? Yes No

13. Do you feel you are equipped to find employment on your own? Yes No

If not, please specify:

14. The following services would be beneficial for my employment/training needs:

<input type="checkbox"/> Basic Computer Training	<input type="checkbox"/> Employability Workshops	<input type="checkbox"/> Resume Assistance	<input type="checkbox"/> Job Leads
<input type="checkbox"/> EF Navigation	<input type="checkbox"/> Workplace Skills of 21 st Century	<input type="checkbox"/> Interest/Aptitude Assessments	<input type="checkbox"/> TFF Referral
<input type="checkbox"/> WIOA Referral	<input type="checkbox"/> Labor Market Information	<input type="checkbox"/> Offer Supportive Services	<input type="checkbox"/> Youth Referral

Other (please explain): _____

Acknowledgement Statement

1. I understand that in order to participate in this program securing employment must be a top priority.
2. I understand that it is my responsibility that I respond to any contact attempts from staff as failure to do so can result in my termination from the program.
3. I also understand that it is my responsibility to communicate and inform of enhanced services available. I understand I must notify CSTB if my employment status changes at any point during my program participation by phone, email or both. This pertains to any type of employment including that which is obtained through my own efforts or through the assistance of CareerSource Tampa Bay staff. I will be required to provide specific information including: Employer Name, Contact Information, Job Title, Start Date, Rate of Pay, etc.

By my signature below I attest to the accuracy of the information provided on this assessment.

 Applicant Signature

____ / ____ / ____
 Date

 Staff Name

 CareerSource Tampa Bay Signature

____ / ____ / ____
 Date

Office Use Only:

Results: SBE Yes No

Job Ready: Yes No ---- If Job Ready "Yes" then direct to self-service. ---- If Job Ready "No", Refer to Enhanced Services.

EF Code: 189 102 EF Case Notes: Yes No

ATLAS scan date: ____ / ____ / ____

Additional Notes: _____