

Statement of Health, Education, and Employment

A. Client Information

CLIENT NAME		CLIENT TELEPHONE NUMBER
CLIENT ID NUMBER	BIRTH DATE	SOCIAL SECURITY NUMBER

1. Have you applied for or received the following:
 - SSI or Social Security Disability benefits, date: _____
 - Veteran's (VA) benefits, date: _____
2. Are you interested in retraining or vocational rehabilitation services at this time? Yes No
3. What is your primary language? _____ Can you read and write in English? Yes No
4. Are you left or right-handed? Left-handed Right-handed

B. Health Information

1. Do you have any mental or physical health conditions that currently keep you from working? Yes No
If yes, list all health conditions that keep you from working:

2. Have you been treated for these conditions? Yes No
If yes, please give us the following information:

CONDITION	CLINIC / HOSPITAL	DATES	TREATMENT / MEDICATION RECEIVED

C. Education and Training

1. What is the highest grade you completed in school (K – 12)? _____
2. Do you have a high school diploma or High School Equivalency? Yes No
3. Did you attend special education classes for reading, writing, or math in high school? Yes No

SPECIAL EDUCATION CLASS	GRADE LEVEL	REASON FOR SPECIAL EDUCATION CLASSES	SCHOOL LOCATION OR DISTRICT

- Have you attended any college or vocational training programs? Yes No
If yes, please give us the following information:

COLLEGE OR VOCATIONAL TRAINING	START / END DATES	COMPLETED		CERTIFICATE, LICENSE, OR DEGREE
		YES	NO	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	



D. Work History

1. Are you currently working? Yes No If yes, how much do you earn each month?

2. List your last 10 years of work history beginning with your most recent job (attach additional pages if needed):

JOB TITLE	EMPLOYER	HOURS PER WEEK	MONTH AND YEAR START: STOP:	WHY DID YOU STOP WORKING?
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Tell us about what you did at this job:

JOB TITLE	EMPLOYER	HOURS PER WEEK	MONTH AND YEAR START: STOP:	WHY DID YOU STOP WORKING?
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Tell us about what you did at this job:

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Tell us about what you did at this job:

JOB TITLE	EMPLOYER	HOURS PER WEEK	MONTH AND YEAR START: STOP:	WHY DID YOU STOP WORKING?
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Tell us about what you did at this job:

3. List all hobbies and volunteer work you have done in the past 10 years?

IF SOMEONE TRANSLATED OR HELPED YOU FILL OUT THIS FORM, ENTER THEIR NAME AND RELATIONSHIP TO YOU HERE

I declare under penalties of perjury that the information given by me on this Statement of Education, Employment, and Health is true, correct, and complete to the best of my knowledge. I understand that the Department of Social and Health Services may require me to provide proof of my statements.

CLIENT'S SIGNATURE

DATE