



Statement of Health, Education, and Employment

| A. Client Information | | |
|---------------------------------------|------------|-------------------------|
| Client Name | | Client Telephone Number |
| Preferred Name or Nickname (Optional) | | Pronouns (Optional) |
| Client ID Number | Birth Date | Social Security Number |

1. Have you applied for or received Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) benefits; if **yes**, date: _____
2. Have you ever served in the U.S. Armed Forces, Guard, or Reserves? Yes No
If **yes**, would you like us to submit a referral to the Washington State Department of Veterans Affairs? Yes No
3. Are you interested in retraining or Vocational Rehabilitation services at this time?
 Yes No; if **yes**, a Social Service Specialist will contact you with more information.
4. What is your primary language? _____
Are you able to read and write in that language? Yes No
5. Are you left or right-handed? Left Right Both
6. Do you have an order to pay child support in the state of Washington? Yes No
If yes, would you like a referral to Alternative Solutions with the Division of Child Support (DCS)? DCS can help you understand your child support order and help explore payment options. Yes No

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. How long has the health condition(s) kept you from being able to work?
3. Have you been treated for these conditions? Yes No
If **yes**, please give us the following information:

| Condition | Clinic / Hospital | Dates (month / year) | Treatment / Medication Received |
|-----------|-------------------|----------------------|---------------------------------|
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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 School | Start / End Dates | Completed | | Certificate, License, or Degree |
|------------------------------|-------------------|--------------------------|--------------------------|---------------------------------|
| | | Yes | No | |
| | | <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 five (5) years of work history beginning with your most recent job (attached additional pages if needed):

| | | | |
|-----------|----------------|-------------------------------|---------------------------|
| Job Title | Hours per week | Month and Year Start: End: | Why did you stop working? |
| Employer | | | |

Tell us about what tasks you did at this job:

| | | | |
|-----------|----------------|-------------------------------|---------------------------|
| Job Title | Hours per week | Month and Year Start: End: | Why did you stop working? |
| Employer | | | |

Tell us about what tasks you did at this job:

| | | | |
|-----------|----------------|-------------------------------|---------------------------|
| Job Title | Hours per week | Month and Year Start: End: | Why did you stop working? |
| Employer | | | |

Tell us about what tasks you did at this job:

| | | | |
|--|----------------|-----------------------|---------------------------|
| Job Title | Hours per week | Month and Year Start: | Why did you stop working? |
| Employer | | End: | |
| Tell us about what tasks you did at this job: | | | |
| Job Title | Hours per week | Month and Year Start: | Why did you stop working? |
| Employer | | End: | |
| Tell us about what tasks you did at this job: | | | |
| 3. Do you have any hobbies or volunteer experience? If yes, tell us about your experience(s) below: | | | |
| 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 |