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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 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 | | |
|  | |  | | | | |  | | | |  | | |
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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 TRAINING | | | | START / END DATES | | | | COMPLETED | | | CERTIFICATE, LICENSE, OR DEGREE | | |
| YES | NO | |
|  | | | |  | | | |  |  | |  | | |
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| --- | --- | --- | --- | --- | --- |
| **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? |
| 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? |
| 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? |
| 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? |
| 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? |
| 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? |
| 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? |
| 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? |
| 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 | |
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