

DIVISION OF VOCATIONAL REHABILITATION (DVR)
Jobs and Training Inventory

For DVR Staff Only	
VRC ASSIGNED	DATE

Federal regulations require DVR to collect this information when customers sign an Individualized Plan for Employment (IPE) or amendment. Please complete all pages of this form to the best of your ability.

FIRST NAME	MIDDLE INITIAL	LAST NAME
Current Employment and Customer Information		
<input type="checkbox"/> Employed CURRENT JOB TITLE CURRENT HOURLY WAGE \$ HOURS WORKED PER WEEK <input type="checkbox"/> Self-employed <input type="checkbox"/> Employed with a State Agency-Managed Business Enterprise Program (BEP) <input type="checkbox"/> Employed with a Randolph-Sheppard Vending Facilities Program <input type="checkbox"/> Employed in extended employment (below minimum wage or in a sheltered setting) <input type="checkbox"/> Employed, but received a notice of termination of employment or a Worker Adjustment and Retraining Notification		<input type="checkbox"/> Unemployed <input type="checkbox"/> Not employed: currently attending high school, or attending GED or special education classes <input type="checkbox"/> Not employed: currently attending other school (e.g., college, adult education, or vocational training) <input type="checkbox"/> Not employed: currently engaged in an unpaid work experience (e.g., internships or volunteer work)
Information about my Household	Information about my finances	More information about me
NUMBER IN FAMILY HOUSEHOLD <input type="checkbox"/> I am currently in foster care. <input type="checkbox"/> I was once in foster care and have aged out of the foster care system. <input type="checkbox"/> I am single, separated, divorced, or widowed, and am responsible for one or more children under the age of 18. <input type="checkbox"/> My housing status is insecure, and I lack a fixed nighttime residence. <input type="checkbox"/> The place where I typically stay at night is a public or private place not intended for sleeping (e.g., a car, a park, an abandoned building, or a bus or train station).	CURRENT MONTHLY HOUSEHOLD INCOME NUMBER OF DEPENDENTS <input type="checkbox"/> I received, or my immediate family received, SNAP, TANF, or SSI at least once in the last six (6) months. <input type="checkbox"/> I will exhaust my lifetime TANF eligibility within two (2) years. <input type="checkbox"/> I have already exhausted my TANF eligibility. <input type="checkbox"/> I have never received TANF.	<input type="checkbox"/> I have been unemployed for six (6) months or longer. <input type="checkbox"/> I was a homemaker, but now I am experiencing difficulty in obtaining or advancing in employment. <input type="checkbox"/> I am a migrant or seasonal farmworker. <input type="checkbox"/> I am the child or spouse of a migrant or seasonal farmworker who supports me financially. <input type="checkbox"/> I am an English language learner. <input type="checkbox"/> My reading, writing, or math skills are below the 8 th grade level. <input type="checkbox"/> I have difficulty doing math, reading, writing, or speaking English at work or in my home. <input type="checkbox"/> I have a record of arrest or conviction.
Vocational Rehabilitation and WorkSource Participation		
<input type="checkbox"/> Received Vocational Rehabilitation and Employment services from the Department of Veterans Affairs. <input type="checkbox"/> Received Vocational Rehabilitation services from the Department of Services for the Blind. <input type="checkbox"/> Received Vocational Rehabilitation services from a Tribal Vocational Rehabilitation program. <input type="checkbox"/> Registered with WorkSource (if yes, check which services received below): <input type="checkbox"/> Self-Service ONLY <input type="checkbox"/> Staff-Assisted Services ONLY <input type="checkbox"/> Self-Service AND Staff-Assisted Services		

Education and Training

SECONDARY EDUCATION (CHECK AND COMPLETE ALL THAT APPLY)

- Currently enrolled in high school Currently enrolled in a high school equivalency program

Did you complete high school? Yes No

If yes, date you completed high school: _____

Do you have a:

- High School diploma
 GED
 Special Education Certificate of Completion

Did not complete high school; last grade level completed: _____

POST-SECONDARY EDUCATION (CHECK AND COMPLETE ALL THAT APPLY)

- Completed some college, but have not yet earned a degree
 Enrolled in college or graduate school
Current enrollment level: Freshman Sophomore Junior Senior Graduate

LIST ANY DEGREES EARNED	INSTITUTION WHERE DEGREE WAS EARNED	DATE PROGRAM COMPLETED (MM/DD/YYYY)

CURRENT CAREER OR TECHNICAL TRAINING

- Enrolled in a career or technical training program that leads to a credential (e.g., license, certificate)
 Enrolled in a career or technical training program that does not lead to a credential (e.g., preparatory coursework not resulting in licensure or certification)

Please list any licenses, certificates, or degrees or diplomas not listed above that you have earned, including the date you completed them: