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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 [ ]  No3. What is your primary language?       Can you read and write in English? [ ]  Yes [ ]  No4. 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 [ ]  NoIf yes, please give us the following information: |
| COLLEGE OR VOCATIONAL TRAINING | START / END DATES | COMPLETED | CERTIFICATE, LICENSE, OR DEGREE |
| YES | NO |
|  |  | [ ]  | [ ]  |  |
|  |  | [ ]  | [ ]  |  |
| **DSHS 14-050 (REV. 02/2018)** Page 1  |  |  |

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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 | HOURSPER WEEK | MONTH AND YEARSTART: STOP:  | WHY DID YOU STOP WORKING? |
|  Tell us about what you did at this job:  |
|  JOB TITLE | EMPLOYER | HOURSPER WEEK | MONTH AND YEARSTART: STOP:  | WHY DID YOU STOP WORKING? |
|  Tell us about what you did at this job:  |
|  JOB TITLE | EMPLOYER | HOURSPER WEEK | MONTH AND YEARSTART: STOP:  | WHY DID YOU STOP WORKING? |
|  Tell us about what you did at this job:  |
|  JOB TITLE | EMPLOYER | HOURSPER WEEK | MONTH AND YEARSTART: STOP:  | WHY DID YOU STOP WORKING? |
|  Tell us about what you did at this job:  |
|  JOB TITLE | EMPLOYER | HOURSPER WEEK | MONTH AND YEARSTART: STOP:  | WHY DID YOU STOP WORKING? |
|  Tell us about what you did at this job:  |
|  JOB TITLE | EMPLOYER | HOURSPER WEEK | MONTH AND YEARSTART: STOP:  | WHY DID YOU STOP WORKING? |
|  Tell us about what you did at this job:  |
|  JOB TITLE | EMPLOYER | HOURSPER WEEK | MONTH AND YEARSTART: STOP:  | WHY DID YOU STOP WORKING? |
|  Tell us about what you did at this job:  |
|  JOB TITLE | EMPLOYER | HOURSPER WEEK | MONTH AND YEARSTART: 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 |
| **DSHS 14-050 (REV. 02/2018)** Page 2 |