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|  |  **Statement of Health, Education, and Employment** |
| 1. **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 [ ]  NoIf **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 [ ]  NoIf 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
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| 1. **Health Information**
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| 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:
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| 1. How long has the health condition(s) kept you from being able to work?
2. Have you been treated for these conditions? [ ]  Yes [ ]  NoIf **yes**, please give us the following information:
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| Condition | Clinic / Hospital | Dates (month / year) | Treatment / Medication Received |
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| 1. **Education and Training**
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| 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
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| 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 |
|  |  | [ ]  | [ ]  |  |
| 1. **Work History**
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| 1. Are you currently working? [ ]  Yes [ ]  NoIf 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):
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| Job Title | Hours per week | Month and YearStart: End:  | Why did you stop working? |
| Employer |
| Tell us about what tasks you did at this job:  |
| Job Title | Hours per week | Month and YearStart: End:  | Why did you stop working? |
| Employer |
| Tell us about what tasks you did at this job:  |
| Job Title | Hours per week | Month and YearStart: End:  | Why did you stop working? |
| Employer |
| Tell us about what tasks you did at this job:  |
| Job Title | Hours per week | Month and YearStart: End:  | Why did you stop working? |
| Employer |
| Tell us about what tasks you did at this job:  |
| Job Title | Hours per week | Month and YearStart: End:  | Why did you stop working? |
| Employer |
| Tell us about what tasks you did at this job:  |
| 1. Do you have any hobbies or volunteer experience? If yes, tell us about your experience(s) below:

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| 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  |