HVRP PRE-ASSESMENT / INITIAL ASSESMENT/ ENROLMENT QUESTIONNAIRE

❑ PRE-ASSESSMENT DATE: _____ □ INITIAL ASSESSMENT/ ENROLLMENT DATE: _____

SECTION I: APPLICANT IDENTIFICATION

NAME (Last, First, Initial):	PHONE:	SOCIAL SECURITY #:
ADDRESS (Street, City, State, Zip): How long have you been homeless: Cause of Homelessness:		
COUNTY:	DATE OF BIRTH:	U.S. CITIZEN? ❑ YES ❑ NO
		GENDER: ❑ Male ❑ Female

RACE/ETHNIC GROUP (check all that apply):

❑ American Indian	❑ Asian	❑ Black	❑ Hawaiian or Pacific Islander	❑ White	❑ Hispanic	❑ Other

WHAT TYPE OF SERVICE ARE YOU SEEKING?

❑ EMPLOYMENT:	❑ SUPPORT SERVICES:
❑ TRAINING:	❑ OTHER:

SECTION II: DEMOGRAPHICS

HIGHEST GRADE COMPLETED: 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

❑ High school diploma (12) ❑ GED (20) ❑ Bachelor's Degree (16) ❑ Master's Degree (18)

DISABILITY STATUS (Check all that apply):
- ❑ Not Disabled
- ❑ Disabled Veteran
- ❑ Special Disabled Veteran
- ❑ Disabled Non-Veteran
- ❑ Applied for Disability
- ❑ Med 9 Form
- ❑ Any Disability Income
- ❑ Service Connected _____ %

VETERAN STATUS:
- ❑ Vietnam veteran and served at least 180 days between 8/4/64 and 5/8/75
- ❑ Campaign veteran / War Time Service
- ❑ Regular veteran (not Vietnam or Campaign) and served at least 180 days

Branch of Service:

Entry: / / Discharge: / /

Type of Discharge:
- ❑ Honorable ❑ General
- ❑ Medical ❑ Other

Verification:
- □ DD Form 214 □ VARO

SECTION III: EDUCATION

DEGREE(S) EARNED:	LICENSES:	CERTIFICATES:
❑ Associate, major:	❑ Type:	❑ Type:
❑ Bachelors, major:	❑ Year:	❑ Year:
❑ Masters, major:		
❑ Doctorate, major:		

SECTION V: JOB SKILLS / WORK HISTORY (from employment, community service, volunteer work, internship, schools, etc.)

Skill/ Job	Months of Experience	Skill/ Job	Months of Experience	Skill/ Job	Months of Experience

SECTION VII: HEALTH and SOCIAL ISSUES

- ❑ Physical Problems
- ❑ PTSD
- ❑ Drug Abuse
- ❑ Emotional Problems
- ❑ Alcohol Abuse
- ❑ Transportation
- ❑ Unstable/ No Housing
- ❑ Colorado Drivers License / I.D.
- ❑ Background check concerns:
- ❑ Convicted Misdemeanor / Felony: Type:
- ❑ Social Security Card
- ❑ Medical /Court appointments:
- ❑ Other, specify:

How did you learn about this program?_____

Human Services/ Veteran Benefits Currently receiving:

❑ SSI	❑ LEVER	❑ VAMC	❑ VOC Rehab	❑ SSI /SSDI	❑ Food Stamps	❑ Other

AGENCY REPRESENTATIVE SIGNATURE:	DATE: