# Homeless Veterans’ Reintegration Program (HVRP) Assessment Tool

Date:Click or tap here to enter text.

## Client Information

Name: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

City: Click or tap here to enter text.

State: Click or tap here to enter text.

Zip Code: Click or tap here to enter text.

How did they learn about HVRP? Click or tap here to enter text.

Are they receiving HVRP services from any other providers? Click or tap here to enter text.

## Education and Training

Highest level of education:

[ ]  Some school

[ ]  Secondary School Equivalency (GED)

[ ]  Secondary School Diploma (High School Diploma)

[ ]  Some college

[ ]  Postsecondary technical or vocational certificate

[ ]  Associate Degree

[ ]  Bachelor’s Degree

[ ]  Degree beyond a Bachelor's (Master’s Degree, PhD)

[ ]  No Educational Level Completed

Name of highest degree earned (if applicable): Click or tap here to enter text.

Date earned: Click or tap here to enter text.

Is the veteran interested in furthering their education? [ ]  Yes [ ]  No

If yes, please list their educational goals: Click or tap here to enter text.

Has the veteran ever (currently or in the past) utilized GI benefits for education or training?

[ ]  Yes [ ]  No

If yes, please explain: Click or tap here to enter text.

What was the veteran's favorite subject(s) in school? Why? Click or tap here to enter text.

What was the veteran's least favorite subject(s) in school? Why? Click or tap here to enter text.

What are the veteran's current skills? Click or tap here to enter text.

What was the veteran's Military Occupational Specialty (MOS)? Click or tap here to enter text.

Describe the functions of their military job: Click or tap here to enter text.

Did they receive any specialized training in the military? [ ]  Yes [ ]  No

If yes, please describe: Click or tap here to enter text.

List any other training, certifications, or licenses (i.e., Commercial Driver's License [CDL], forklift operator, computer, healthcare, etc.) the veteran currently has or had in the past: Click or tap here to enter text.

Is there any training they are interested in acquiring? [ ]  Yes [ ]  No

If yes, please describe: Click or tap here to enter text.

Are there training opportunities that would assist in achieving their employment goal?

[ ]  Yes [ ]  No

If yes, please describe: Click or tap here to enter text.

## Employment

Is the veteran unemployed or underemployed? [ ]  Unemployed [x]  Underemployed

If so, how long have they been unemployed or underemployed? Click or tap here to enter text.

Why does the veteran want to find work, in their words? Click or tap here to enter text.

Does the veteran need immediate employment, or do they seek to pursue a long-term career path? [x]  Immediate Employment [ ]  Long-term Career [ ]  Both

If immediate employment is required, why? Click or tap here to enter text.

What is their ideal timeline for starting the following:

Job training: Click or tap here to enter text.

Job search: Click or tap here to enter text.

Employment start date: Click or tap here to enter text.

What kind of work is the veteran interested in? Click or tap here to enter text.

What past job(s) did they like the most? What did they like about it(them)? Click or tap here to enter text.

What past job(s) did they like the least? What about the job(s) did they dislike or find challenging? Click or tap here to enter text.

What are their biggest concerns about workingClick or tap here to enter text.

When were they last employed? Click or tap here to enter text.

What are the veterans’ preferences for the following:

Full-time or part-time: Click or tap here to enter text.

Hours per week: Click or tap here to enter text.

On-site or remote: Click or tap here to enter text.

Wage expectations: Click or tap here to enter text.

Work shifts: Click or tap here to enter text.

Length of commute: Click or tap here to enter text.

Would the veteran be able to pass an employer-sponsored drug screening? Click or tap here to enter text.

Does the veteran have interview and work-appropriate clothing? Click or tap here to enter text.

Do they need tools or other specialty items for the type of work they are interested in? Click or tap here to enter text.

What are the veteran’s plans for getting to and from work? Do they require transportation assistance? Click or tap here to enter text.

Have they ever been disciplined or released from a job due to poor attendance or job performance? [ ]  Yes [ ]  No

If yes, please explain: Click or tap here to enter text.

On a scale of 0 – 10, what is the veteran’s skill and comfort level with computers and technology? Choose an item.

Do they have a current resume? [ ]  Yes [ ]  No

Do they need help writing a resume? [ ]  Yes [ ]  No

Do they need childcare assistance while seeking or after obtaining employment? [ ]  Yes [ ]  No

If yes, please explain: Click or tap here to enter text.

## Legal History

Has the veteran pled guilty or no contest or been convicted of a felony? [ ]  Yes [ ]  No

If yes, list charge and dates: Click or tap here to enter text.

Has the veteran pled guilty or no contest or been convicted of a misdemeanor? [ ]  Yes [ ]  No

If yes, list charge and dates: Click or tap here to enter text.

Has the veteran been convicted of any of the following (check all that apply)?

[ ]  DWI/DUI [ ]  Drug Offense [ ]  Sexual Offense

Are they currently on probation? [ ]  Yes [ ]  No

Are they currently on parole? [ ]  Yes [ ]  No

Parole/probation officer name and contact information (if applicable): Click or tap here to enter text.

## Health

Do they have a disability or physical limitations? [ ]  Yes [ ]  No

If yes, please describe: Click or tap here to enter text.

Do they regularly consume alcohol? [ ]  Yes [ ]  No

If yes, how often? Click or tap here to enter text.

Are they currently using illegal drugs? [ ]  Yes [ ]  No

If yes, how often? Click or tap here to enter text.

Are they currently receiving mental health counseling or treatment? [ ]  Yes [ ]  No

If yes, please describe: Click or tap here to enter text.

If no, are they interested in receiving mental health counseling or treatment? [ ]  Yes [ ]  No

In the past have they ever (check all that apply):

[ ]  Suffered from alcohol abuse [ ]  Used illegal drugs

[ ]  Received treatment for mental health or substance use

If any of these apply, please describe: Click or tap here to enter text.

## Housing

What concerns does the veteran have about their housing situation? Click or tap here to enter text.

Which of the following best describes the veteran's housing status?

[ ]  Unsheltered Homeless [ ]  Sheltered Homeless/Temporary Supportive Housing

[ ]  Permanent Supportive Housing [ ]  Permanent Housing [ ]  Unknown

Is the veteran co-enrolled in any of the following housing programs?

[ ]  FEMA

[ ]  VA’s Grant Per Diem (GPD)

[ ]  Supportive Services for Veteran Families (SSVF)

[ ]  SSVF Shallow Subsidy

[ ]  Native American Housing Assistance & Self-Determination Act (NAHASDA)

[ ]  Veterans Affairs Supportive Housing (HUD-VASH)

[ ]  Other

If other, please list: Click or tap here to enter text.

Do any of the following categories of homelessness apply to the veteran?

[ ]  Episodic Homeless [ ]  Homeless with Children [ ]  Eligible Incarcerated Veteran

What assistance does the veteran require to overcome their housing concerns? Click or tap here to enter text.

## Transportation

What concerns does the veteran have about their transportation situation? Click or tap here to enter text.

What transportation does the veteran utilize?

[ ]  Personal vehicle [ ]  Public transportation [ ]  Bike [ ]  Rideshare (i.e., Uber, Lyft, etc.)

[ ]  Carpooling [ ]  Walking [ ]  Other: Click or tap here to enter text.

Are there any limitations to the veteran's current method of transportation (i.e. limited bus hours, car in need of repairs, etc.)? [ ]  Yes [ ]  No

If yes, please list: Click or tap here to enter text.

What assistance does the veteran require to overcome their transportation concerns? Click or tap here to enter text.

## Income

What concerns does the veteran have about their income situation? Click or tap here to enter text.

Is the veteran receiving any form of income? [ ]  Yes [ ]  No

If yes, specify the type of income: Click or tap here to enter text.

Are they receiving disability benefits? [ ]  Yes [ ]  No [ ]  Application in progress

Type of benefit (if applicable):

[ ]  U.S. Department of Veterans Affairs (VA) [ ]  Supplemental Security Income (SSI)

[ ]  Social Security Disability Insurance (SSDI)

Percentage: [ ]  10-20 percent [ ]  30-60 percent [ ]  70-100 percent

If no, are they considering applying for disability benefits? [ ]  Yes [ ]  No

What assistance does the veteran require to overcome their income concerns? Click or tap here to enter text.

## Documentation

Does the veteran require assistance with obtaining any documentation? [ ]  Yes [ ]  No

If yes, what documents?

[ ]  Driver’s License/State ID [ ]  Social Security Card [ ]  DD214

[ ]  Birth certificate [ ]  Other: Click or tap here to enter text.

## Other Employment Barriers

List any other barriers to employment: Click or tap here to enter text.