



Veteran Initial Intake:

Please take your time to answer each question to the best of your ability. The intake will be used to determine if you meet the qualifications as defined by Veteran Program Letter (VPL) 03-14,03-14 Change 1 & 2, 04-14, 08-14 and Training and Employment Guidance Letter (TEGL) 19-13 Change 1 & 2 ,20-13, and 38 USC 41 & 42 which governs the Jobs for Veterans State Grant (JVSG).

Name:		SSN: (Last 4)		DOB:	____ / ____ / ____
Email:		Phone:	(____) ____ - ____		
Address:	Apt#:	City:	State:	Zip:	
Emergency Contact Name:			Relationship:		
Home Phone:	(____) ____ - ____		Cell Phone:	(____) ____ - ____	
Branch of Service:	<input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> National Guard <input type="checkbox"/> Coast Guard				
Service Begin Date(s):		Service End Date(s):			
Status of Most Recent Discharge:	<input type="checkbox"/> Honorable		<input type="checkbox"/> Other (please explain):		
1. Are you registered in Employ Florida?					<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Please check all of the following that may apply to you.					
<input type="checkbox"/> 1. Do you have a current or pending Service Connected Disability (SCD)? ____% <input type="checkbox"/> 2. Recently-separated (36 months or less), who has been unemployed for 27 or more weeks in the last 12 months. <input type="checkbox"/> 3. An offender who is currently incarcerated or who has been released from incarceration <input type="checkbox"/> 4. Homeless or expect to become homeless in the next 21 days, fleeing, or are attempting to flee: domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions in current housing situation, including where the health and safety of children are jeopardized, and who have no other residence and lack the resources or support networks to obtain other permanent housing. <input type="checkbox"/> 5. Lack a High School Diploma or equivalent certificate <input type="checkbox"/> 6. Low Income: Enter Family # Size ____ Enter Annual Income _____ (See 6a chart). Are you receiving any public assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 7. Veteran ages 18-24 years old <input type="checkbox"/> 8. A transitioning Service Member age 18-24, or received a warm hand off letter, or laid off due to military force reduction. <input type="checkbox"/> 9. A Veterans' Family "Care Giver" <input type="checkbox"/> 10. Are you receiving care in a Military Treatment Facility (MTF) or Wounded Warrior Transition unit (WWTU)?					
6a. Low Income					
FAMILY UNIT SIZE		Annual Income/ 6 Month Income			
1		\$12,140 / \$6,070**			
2		\$16,460 / \$8,230**			
3		\$21,162 / \$10,581			
4		\$26,126 / \$13,063			
5		\$30,835 / \$15,418			
6		\$36,063 / \$18,032			
7		\$41,291 / \$20,646			
8		\$46,519 / \$23,260			
For each additional person in a family above eight, add \$5,228 (annually) per person. **100% of poverty					
3. Are you the spouse of a Veteran with 100% Service Connected Disability, or died of SCD, or while SCD was in existence, Missing In Action or captured in line of duty by a hostile force or detained in line of duty by a foreign government or power?					<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Highest Education Completed:	<input type="checkbox"/> Less than HS <input type="checkbox"/> High School or GED <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctorate				
5. What was your primary military occupation or current civilian occupation? _____					
a. Do you have the training, skills and abilities to continue in this primary occupation?					
If No, please list which skills you need to update below.					

b. What transferable skills do you have from this occupation?					

6. If you cannot find a job in your primary occupation, what is your desired occupation?					

a. Do you have the training, skills and abilities for this desired occupation? If not, explain.					

7. Do you have a résumé?					<input type="checkbox"/> Yes
If Yes, is the résumé available in electronic format?					<input type="checkbox"/> No
					<input type="checkbox"/> Yes
					<input type="checkbox"/> No

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8. How many employers have you worked for in the past 10 years? _____	
9. What skills or knowledge do you have that will help you get a job? (Strengths) <input type="checkbox"/> Active Listening <input type="checkbox"/> Electronics <input type="checkbox"/> HR Policy & Procedure <input type="checkbox"/> Organization <input type="checkbox"/> Communication <input type="checkbox"/> Equipment Operation <input type="checkbox"/> Leadership <input type="checkbox"/> Planning <input type="checkbox"/> Computers <input type="checkbox"/> Facilitating <input type="checkbox"/> Manufacturing <input type="checkbox"/> Problem Solving <input type="checkbox"/> Construction <input type="checkbox"/> Finance <input type="checkbox"/> Math <input type="checkbox"/> Creativity <input type="checkbox"/> General Administrative <input type="checkbox"/> Networking <input type="checkbox"/> Other (please explain): _____	
10. Why do you think you have been unable to get a job? (Weaknesses) <input type="checkbox"/> Lack Current Certification <input type="checkbox"/> Limited Computer Skills <input type="checkbox"/> Outdated Resume <input type="checkbox"/> Lack of Related Skills <input type="checkbox"/> Limited Education <input type="checkbox"/> No Resume <input type="checkbox"/> Lack of Work History <input type="checkbox"/> Market Saturated <input type="checkbox"/> Unrealistic Pay Expectations <input type="checkbox"/> Other (please explain): _____	
11. Are you ready and willing to seek employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are you interested in Credit or Financial Coaching/Counseling that is available onsite at no cost?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Do you have any other issues or concerns that are preventing you from securing employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify: _____	
14. The following services would be beneficial for my employment/training needs: <input type="checkbox"/> Basic Computer Training <input type="checkbox"/> Employability Workshops <input type="checkbox"/> Job Leads <input type="checkbox"/> Resume Assistance <input type="checkbox"/> EF Navigation <input type="checkbox"/> Interview Practice <input type="checkbox"/> Networking <input type="checkbox"/> Training Assistance <input type="checkbox"/> WIOA referral <input type="checkbox"/> Workplace Skills of 21 st Century <input type="checkbox"/> Interest/Ability Assessments <input type="checkbox"/> TFF Referral <input type="checkbox"/> CareerREADY training <input type="checkbox"/> Youth referral <input type="checkbox"/> Credit or Financial Coaching/Counseling <input type="checkbox"/> Other (please explain): _____	
Acknowledgement Statement	
1. I understand that in order to participate in this program securing employment must be a top priority. 2. I understand that it is my responsibility that I respond to any contact attempts from staff as failure to do so can result in my termination from the program. 3. I also understand that it is my responsibility to communicate and inform of enhanced services available. I understand I must notify CSPIN if my employment status changes at any point during my program participation by phone, email or both. This pertains to any type of employment including that which is obtained through my own efforts or through the assistance of CareerSource Pinellas staff. I will be required to provide specific information including: Employer Name, Contact Information, Job Title, Start Date, Rate of Pay, etc. <i>By my signature below I attest to the accuracy of the information provided on this assessment.</i>	
_____ / ____ / ____ Applicant Signature	_____ / ____ / ____ Date
_____ / ____ / ____ CareerSource Pinellas Signature	_____ / ____ / ____ Date
Office Use Only:	
Results: SBE <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Ready: <input type="checkbox"/> Yes <input type="checkbox"/> No ---- If Job Ready "Yes" then direct to self-service. ---- If Job Ready "No", Refer to Enhanced Services.	
EF Code: <input type="checkbox"/> 189 <input type="checkbox"/> 102 EF Case Notes: <input type="checkbox"/> Yes <input type="checkbox"/> No	ATLAS scan date: ___/___/___
Additional Notes: _____ _____	