

Date ____/____/____

WorkSource Site: Staff initials:

Elevate America's Veterans Voucher Request Form

Elevate America's Veterans voucher distribution initiative is a WorkSource by Microsoft. WorkSource has been asked to track information on the individuals who participate. Your information will be kept private. Thank you for providing it.

Social Security Number	First Name	M.I.	Last Name
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:		
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Information Not Provided	Address		City State Zip
	Phone Number: Email:		Education Level/Highest Grade Completed: <input type="checkbox"/> High School Drop-Out <input type="checkbox"/> Highest Grade 1 2 3 4 5 6 7 8 9 10 11 <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED/High School Equiv. <input type="checkbox"/> ___ Years of College, No Degree <input type="checkbox"/> Post-secondary Certificate <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Some graduate school <input type="checkbox"/> Masters Degree <input type="checkbox"/> Doctoral Degree Currently in School: <input type="checkbox"/> Yes <input type="checkbox"/> No Kind of school:
Are you a veteran or other eligible person? <input type="checkbox"/> Yes <input type="checkbox"/> No Active Duty Dates: From: _____ To: _____ Were you Dishonorably Discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No Veteran's Spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No National Guard or Reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No Guard/Reserve Duty Dates: From: _____ To: _____ Other Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a Service Connected Disability? <input type="checkbox"/> Yes: _____ % <input type="checkbox"/> No		May we share your information with WorkSource partners? <input type="checkbox"/> Yes <input type="checkbox"/> No The information you gave us is confidential. We will share it with our WorkSource partners, but only to give you additional employment and training services. WorkSource partners typically include community colleges, the Department of Social and Health Services (DSHS), the Division of Vocational Rehabilitation (DVR), workforce development councils and community service organizations. Partners will work with Employment Security Department to give you more resources to find work, change careers, or get training you need to find a job. The information we will share includes the personal information you gave us, such as your name, address, Social Security Number, education and work history. Our WorkSource partners are not allowed to give this information to anyone. It can't be given out under the Public Records Act (RCW 42.17.310), By contract, WorkSource partners are prohibited from further disclosing this information. This information is subject to disclosure under the Public Records Act (RCW 42.17.310). You may ask us not to share your information with WorkSource partners. We will grant your request and you will still be eligible for services at your local WorkSource center. Not sharing information means you will have to fill out another application when you want assistance from our partners in finding a job or getting information about training opportunities. Sharing information with WorkSource partners means you will have access to more services that are easier to receive if we share this data.	
Documentation for Veterans Status: <input type="checkbox"/> DD 214 <input type="checkbox"/> Veterans Administration Letter <input type="checkbox"/> Gold Card			
Documentation for Veteran's Spouse: <input type="checkbox"/> Self-Attestation Letter <input type="checkbox"/> Marriage Certificate			

WorkSource Partners are Equal Opportunity Employers and Providers of Employment and Training Services. Auxiliary aids and services available upon request for persons with disabilities. WRTS 800.833.6384 or 7-1-1 This information will be shared with WorkSource Partners only for the purpose of providing you employment and training-related services, unless you specify otherwise. This information is not subject to disclosure under the Public Records Act (RCW 42.17.310).