VVSD
Veterans Village of San Diego

# *VVSD EMPLOYMENT AND TRAINING SERVICES CONTACT FORM*

_____ _____ _____
Employment Case Manager Other Counselor Date

Veteran's Name_____ Cell Phone: _____
Last Name First Name

Last 4 of SSN: _____ Alternate Phone: _____

Mailing Address: _____
Street Number Apt. City State Zip Code

Email Address: _____DL/ID#_____
Circle DL for Driver's License or ID for Identification Card

What area of town do you generally stay?

- South County
- North County Costal/ Inland
- East County Inland
- San Diego Metropolitan
- Other_____
- How long have you been homeless? _____Years _____Months

What is the best way to contact you?

**Phone / Email / Text**
(*circle best way to contact you*)

Misdemeanor: _____Date:_____ Felony: _____Date:_____

Are you currently receiving services from other providers: _____YES _____ NO

If yes, please identify the organization(s): _____

Transportation: Public: _____ Drives Self: _____ Driven: _____

What are your top three preferred jobs?

1. _____

2.._____

3._____

Desired Wage: $_____Desired Job: _____ Desired Shift:_____