ELIGIBLE VETERANS AND TRANSITIONING SERVICE MEMBERS SERVICES REPORT (ETA FORM 9133)

OMB No.: 1205-NEW Expires: xx/xx/xxxx

Estimated Average Response Time: 50 Hours

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A. GRANTEE IDENTIFYING INFORMATION	ON																						
1. Grantee Name:						3. Workforce Programs																	
							 □ Wagner-Peyser Employment Service □ Jobs for Veterans State Grants-DVOP/LVER Programs 																
							Jobs for Vete	rans State Gra	ants-DVOP/LV	ER Programs													
2. Grantee Mailing Address:							4. Cumulative 4-Quarter End Date:																
							mm/dd/yyyy																
City State Zip Code						5. Report Due Date: mm/dd/yyyy																	
													B. CUSTOMER SUMMARY INFORMATION	ON									
	1	I							1		1	П											
Performance Items	A Totals (including non-veterans)	B Totals Veterans and Other Eligible Persons				C TSMs	D Campaign Veterans	E Disabled Veterans	F Special Disabled Veterans	G Recently Separated Veterans	H Female Veterans	I Homeless Veterans											
													1	2 3		4				1	(3 Yrs)	1	
															Totals	18-44	45-54	55 and Over					
		1. Total Entrants																					
2. Total Participants																							
2a. Male																							
2b. Female																							
2c. 18-44																							
2d. 45-54																							
2e. 55 and Over																							
Received Staff-Assisted Services																							
3a. Attended TAP Employment Workshop																							
3b. Received Career Guidance																							
3c. Received Job Search Activities						1	1					4											
3d. Referred to Employment						-	-					<u> </u>											
3e. Received Intensive Services 3f. Referred to Federal Training						-	-					<u> </u>											
3g. Placed in Federal Training												4											
3h. Referred to Federal Job	1					1	1					 											
3i. Referred to Federal Contractor Job								†		†													
									L														
C. REPORT CERTIFICATION/ADDITIONA	AL COMMENTS	8																					
1. Report Comments/Narrative:																							
2. Name of Grantee Certifying Official/Title:	3. Telephone Number:			4. Email Address:																			
2. Name of Grantee Certifying Official/Title:			3. relephone Number:			4. Elliali Audiess.																	

OMB Burden Statement: These reporting instructions have been approved under the Paperwork Reduction Act of 1995. Persons are not required to respond to this collection of information unless it displays a currently valid OMB number. Obligation to respond is required to obtain or retain benefits (Workforce Investment Act [Section 185(a)(2)] and Wagner-Peyser Act [29 USC 49i]). Public reporting burden for this collection of information, which is to assist with planning and program management and to meet Congressional and statutory requirements, includes time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information. Send comments regarding this burden estimate, or any other aspect of this collection, including suggestions for reducing burden, to the U.S. Department of Labor, Employment and Training Administration, Office of Performance and Technology, Room S-5206, 200 Constitution Avenue, NW, Washington, DC 20210.