

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

| A. GRANTEE IDENTIFYING INFORMATION | |
|--|--|
| 1. Grantee Name: | 3. Workforce Programs <input type="checkbox"/> Wagner-Peyser Employment Service <input type="checkbox"/> Jobs for Veterans State Grants-DVOP/LVER Programs |
| 2. Grantee Mailing Address: City _____ State _____ Zip Code _____ | 4. Cumulative 4-Quarter End Date: _____ <div style="text-align: right; margin-right: 50px;"><i>mm/dd/yyyy</i></div> |
| | 5. Report Due Date: _____ <div style="text-align: right; margin-right: 50px;"><i>mm/dd/yyyy</i></div> |

| B. CUSTOMER SUMMARY INFORMATION | | | | | | | | | | |
|---------------------------------|--|--|--|--|--|--|--|--|--|--|
|---------------------------------|--|--|--|--|--|--|--|--|--|--|

| Performance Items | A Totals <i>(including non-veterans)</i> | B Totals Veterans and Other Eligible Persons | | | | C TSMs | D Campaign Veterans | E Disabled Veterans | F Special Disabled Veterans | G Recently Separated Veterans (3 Yrs) | H Female Veterans | I Homeless Veterans |
|--|--|--|-------|-------|-------------|-----------|---------------------------|---------------------------|--------------------------------------|---|-------------------------|---------------------------|
| | | 1 | 2 | 3 | 4 | | | | | | | |
| | | 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 | | | | | | | | | | | | |
| 3. Received Staff-Assisted Services | | | | | | | | | | | | |
| 3a. Attended TAP Employment Workshop | | | | | | | | | | | | |
| 3b. Received Career Guidance | | | | | | | | | | | | |
| 3c. Received Job Search Activities | | | | | | | | | | | | |
| 3d. Referred to Employment | | | | | | | | | | | | |
| 3e. Received Intensive Services | | | | | | | | | | | | |
| 3f. Referred to Federal Training | | | | | | | | | | | | |
| 3g. Placed in Federal Training | | | | | | | | | | | | |
| 3h. Referred to Federal Job | | | | | | | | | | | | |
| 3i. Referred to Federal Contractor Job | | | | | | | | | | | | |

| C. REPORT CERTIFICATION/ADDITIONAL COMMENTS | | | |
|---|--|--|--|
|---|--|--|--|

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|---|----------------------|-------------------|--|
| 1. Report Comments/Narrative: | | | |
| 2. Name of Grantee Certifying Official/Title: | 3. Telephone Number: | 4. Email Address: | |

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 49]). Public reporting burden for this