



Veteran Intake Form

Have you or your spouse ever served in the United States Military?

Name: _____ Last 4 SSN: _____ Email: _____ Phone: _____

Branch of Service: Army Navy Air Force Marines Coast Guard A/NG Reserves Space Force

Service Begin Date(s): _____ Service End Date(s): _____

Have You Served More Than 180 Days of Active Federal Service not to Include Training?

Status of Most Recent Discharge: Honorable Other (please explain): _____

The following services would be beneficial for my employment/training needs.

- Career Planning
- Job Search
- Resume Assistance
- Interest/Aptitude Assessments
- Workforce Preparation
- Job Referrals
- Employability Workshops
- Community Supportive Services
- Training Opportunities
- Interviewing Skills
- Labor Market Information
- Other (please explain): _____

If client does not check one of these services, there is no need to refer them to a DVOP.

Select all that apply – Section 1

- Active-duty member who has participated in any part of Transition Assistant Program.
- Active-duty member wounded, ill, or injured who are receiving treatment in military, treatment facilities or warrior transition units.
- Spouse or Family Care Giver of the wounded service member as described above.

If client checks one of these boxes, refer them to a DVOP.

Select all that apply – Section 2

- Served on active duty for a period of more than 180 days and was discharged with other than a dishonorable discharge.
- Discharged or released from active duty because of a service-connected disability.
- Member of a reserve component under an order to active duty, who served during a period of war or in a campaign or expedition for which a campaign badge is authorized and was discharged or released with other than a dishonorable discharge.
- Discharged or released from active duty for sole survivorship.
- The spouse of any person who died of a service-connected disability.
- 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 for a total of more than 90 days.
- The spouse of any person who has a total disability permanent in nature resulting from a service-connected disability, or the spouse of a veteran who died while a disability was in existence.

Select all that apply – Section 3

- Do you have a Service-Connected Disability (SCD) _____ %
- Do you have a disability as defined by the Americans with Disability Act?
- Are you a Vietnam-era veteran?
- Were you discharged from active duty within the last 36 months?
- Referred to employment services by a representative of the Department of Veterans Affairs?
- Are you experiencing homelessness, endanger of being homeless, or dangerous conditions?
- Have you experienced justice involvement?
- Are you between 18 to 24 years old?
- Do you lack a high school diploma or equivalent certificate?
- Are you economically disadvantaged? (Refer to low-income graph)

Family Size	Annual Income	Family Size	Annual Income	Family Size	Annual Income	Family Size	Annual Income
1	\$16,911	3	\$38,031	5	\$55,415	7	\$74,207
2	\$27,709	4	\$46,953	6	\$64,811	8	\$83,603

For each additional person in a family above eight, add \$9,396 per person

- WIOA-Low Income
- Unemployed
- Head of single parent household containing at least one dependent child

If client has a box checked in section 2 and section 3, refer them to a DVOP.