

Today's Date: _____

OFFICE OF VETERANS' SERVICES-EMPLOYMENT SERVICES PRE-SCREENING
(Please forward the completed form in a "sealed" envelope to the OVS DVOP)

Eligibility Questions for Veterans and/or Spouses of Veterans
For Spouses of Veterans: Skip to second set of questions

The information gathered is to be used solely in connection with providing priority to persons with Disabilities. This information is provided on a voluntary basis.

This form will be held as confidential and will be destroyed when no longer needed by the DVOP.

For Veterans:

1.	Did you serve in the United States Armed Forces?	Yes	No
2.	Did you receive an <u>honorable</u> or <u>less than honorable</u> military discharge but " not " a dishonorable discharge?	Yes	No
3.	Did you serve 181 or more days on active duty other than for basic and advanced training, or less than 181 days with discharge due to a service-connected disability?	Yes	No
4.*	Are you entitled to VA compensation due to a service-connected disability, or were you released from active duty because of a service-connected disability?	Yes	No
5.*	Are you homeless, or at risk of being homeless, or do you feel threatened due to an unfavorable domestic situation and lack suitable alternative housing?	Yes	No
6.*	Did you separate from active duty within the past 3 years and have you been unemployed for more than 27 total weeks within the last year?	Yes	No
7.*	Are you currently incarcerated or have you ever been released from incarceration?	Yes	No
8.*	Do you lack a High School diploma or equivalent certificate (GED, HSED)?	Yes	No
9.*	Does your past six month income fall below the following levels based on household size? <i>*See reverse side if your family includes more than 5 people</i> (1 person-\$5,885) (2 people-\$7,965) (3 people-\$10,045) (4 people-\$12,125) (5 people-\$14,205)	Yes	No
10.*	Are you an active duty service member within 24 months of retirement or 12 months of separation who was directed by your commander to visit an American Job Center or who is being involuntarily separated through a Service reduction-in-force?	Yes	No
11.*	Are you between the ages of 18 and 24?	Yes	No
12.*	Are you currently an active duty (or activated) member of the Armed Forces who is wounded, ill, or injured, and receiving treatment in a military facility or a warrior transition unit ?	Yes	No

For Spouses of Veterans and Spouses or Family Caregivers of Wounded, Ill, or Injured Service Members:

1.*	Are you the spouse of a Veteran who died due to a service-connected disability?	Yes	No
2.*	Are you the spouse of a Service Member who is currently missing in action, or has been a POW, or held by a foreign government?	Yes	No
3.*	Are you the current or surviving spouse of a Veteran with a VA Rating for service-connected disability of 100%-Permanent and Total?	Yes	No
4.*	Are you the spouse, or other family caregiver of wounded, ill, or injured Service Members? <i>(Family caregivers can include parents; a spouse; a child; a stepfamily member; an extended family member or any individual who lives with the veteran and provides daily care for the veteran)</i>	Yes	No

What Are Your Immediate Needs Today? (Check all that apply)

a. Find out how to use the Job Center of WI	g. Register on the jobcenterofwisconsin.com
b. Basic computer skills training assistance	h. I am homeless/at risk of being homeless
c. I need other community services	i. Find out about local transportation
d. Preparing for an interview	j. Funding Veterans Education
e. Resume development	k. Unemployment assistance
f. Looking for a job	l. Other:

After completing the form, please return it to the Resource Room Staff for Review.

For Resource Room Staff Only:

If questions 1-3 are answered "Yes", continue down the sheet to determine referral to the DVOP.

If any of the other questions are answered "Yes", in any of the starred (*) numbers, the veteran should complete the back of the sheet and place it in an envelope, seal it, and give it to the DVOP. If any of the spouse questions are answered "Yes", refer to DVOP, as above.

February 12, 2016

Name (Print) First, MI, Last			
Date of Birth		Telephone Number	
E- mail			
Asset Pin (For Office Use Only)			

Staff Notes:

*** Six Month Income Levels**

Persons in family/household	Poverty guideline*
1	\$5,885
2	7,965
3	10,045
4	12,125
5	14,205
6	16,285
7	18,365
8	20,445

*For families/households with more than 8 persons, add \$2,080 for each additional person.