

WE ARE YOUR DOL



**Military Service Questionnaire and Instructions
(Staff Use Only)**

Resources: The following forms are available at: [Programs & Tools for Workforce Professionals](#)

- [Veterans Terms and Definitions](#): for explanations of all terms written in quotations
- [Income Guidelines](#) : for current income thresholds

Instructions: Read the following statement and the questions below to the customer.
Follow each set of instructions before proceeding to the next section.

Statement: “The questions below are asked to determine your veteran and/or eligible spouse status for the delivery of Priority of Service and additional veteran services. The information being requested is voluntary. It will be kept confidential and will only be used in accordance with law. You have the right to refuse to provide any of the information requested below.”

Section I – Establish Priority of Service

1. Have you served on “active duty” for at least 1 day **and** were you separated with any discharge type except dishonorable? Yes No

Section I Instructions:

- If “Yes” this veteran is considered a “covered person” and is eligible for Priority of Service and Local Veterans Employment Representative (LVER) services; proceed to Section II – Determine Eligible Veteran status.
- If “No” proceed to Section I, Question 2 – Determine Eligible Spouse status

2. Are you an “Eligible Spouse”? Yes No

Section I Instructions:

- If “Yes” this eligible spouse is considered a “covered person” and is eligible for Priority of Service and LVER services; proceed to Section III – Identify challenges to employment
- If “No” proceed to Section IV– Identify other challenges to employment

Section II – Determine Eligible Veteran status

Section II Instructions:

- If “Yes” to any question; proceed to Section III – Identify challenges to employment
- If “No” to all questions; end questionnaire and non-veteran program staff will provide Priority of Service including referral to the LVER

1. Have you served on “active duty” for a period of more than 180 days **and** were you separated with any discharge type except dishonorable? Yes No

2. Were you separated from “active duty” because of a service-connected disability? Yes No

3. Were you a member of a “reserve component” under a federal order to “active duty”, serving during a period of war **or** in a campaign or expedition for which a campaign badge is authorized, **and** were you separated from duty with any discharge type except dishonorable? Yes No

4. Were you discharged or released from “active duty” by reason of a “sole survivorship discharge”? Yes No

Section III – Identify challenges to employment

Section III Instructions:

- If “Yes” to any question; end questionnaire and refer veteran to DVOP Specialist, if available
- If “No” to all questions; end questionnaire and non-veteran program staff will provide Priority of Service including referral to the Local Veterans Employment Representative (LVER)

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|---|-----|----|
| 1. Are you 18 to 24 years old? | Yes | No |
| 2. Are you a “disabled” or a “special disabled” veteran with a U.S. Department of Veterans Affairs (VA) rating of 10% or higher or with a VA disability claim pending? | Yes | No |
| 3. Are you “homeless”? | Yes | No |
| 4. Were you separated from “active duty” within the last 3 years and at any point in the previous 12 months have been unemployed for more than 6 months? | Yes | No |
| 5. Are you currently or were you formerly incarcerated? | Yes | No |
| 6. Are you “low-income”? | Yes | No |
| 7. Were you unable to obtain a high school diploma or high school equivalency certificate? | Yes | No |
| 8. Are you a “Vietnam-era veteran”? | Yes | No |

Section IV – Identify other challenges to employment

Section IV Instructions:

- If “Yes” to any question; end questionnaire and refer veteran to DVOP Specialist, if available
- If “No” to all questions; end questionnaire and provide non-veteran services

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| 1. Are you a “Transitioning Service Member” (TSM) who:
a. Is 18 to 24 years old; or
b. Is assessed as not meeting “Career Readiness Standards”; or
c. Was involuntarily separated from the “Armed Forces” through a reduction-in-force? | Yes | No |
| 2. Are you a wounded, ill, or injured member of the “Armed Forces”, receiving care at a Warrior Transition Unit (WTU) or Military Treatment Facility (MTF)? | Yes | No |
| 3. Are you a caregiver for a wounded, ill, or injured member of the “Armed Forces”, receiving care at a WTU or MTF? | Yes | No |

Signature _____

Date _____