

VETERANS' PRIORITY OF SERVICE ASSESSMENT FORM

The information on this form is being requested on a voluntary basis, to determine the eligibility for veterans and eligible persons for Priority of Service. Your information will be kept confidential and used only for assisting you with employment services.

Name (Last, First, M.I.) _____

AJC Part ID _____

Date (MM/DD/YYYY) _____

VETERANS' PRIORITY OF SERVICE; QUESTIONS 1-2 SIGNIFICANT BARRIER TO EMPLOYMENT; QUESTIONS 3-13		
1. Did you serve at least one day in the active United States Military and was discharged or released under conditions other than dishonorable?	Yes	No
2. Are you the spouse of any of the following individuals: a. Any veteran who died of a service-connected disability? b. Any member of the armed forces serving on active duty who, at the time of application for the priority, is listed in one or more of the following categories and has been listed for a total of more than 90 days: Missing in Action; Captured in the line of duty by a hostile force; or Forcibly detained or interned in the line of duty by a foreign government or power? c. Any veteran who has a total disability resulting from a service-connected disability, as evaluated by the Department of Veteran Affairs? d. Any veteran who died while a total disability (service-connected), as evaluated by the Department of Veteran Affairs, was in existence?	Yes	No
Please note: If "No" was the response for question 1 and 2, completion of this form is not necessary.		
3. Do you have a service connected disability, or a pending disability claim with the Department of Veterans Affairs?	Yes	No
4. Are you homeless or expect to become homeless?	Yes	No
5. Are you a recently separated service member who, at any point in the past 12 months, has been unemployed for 27 weeks or more?	Yes	No
6. Are you or have you been incarcerated in a State or Federal prison?	Yes	No
7. Are you between the ages of 18 - 24?	Yes	No
8. Are you lacking a H.S. Diploma/GED?	Yes	No
9. Did you serve in the military during the Vietnam Era beginning February 28, 1961 and ending May 7, 1975?	Yes	No
10. Are you a transitioning member of the Armed Forces who has been identified by your commander as in need of employment services?	Yes	No
11. Are you a member of the Armed Forces who is wounded, ill or injured and receiving treatment at a Military treatment facility or warrior transition unit?	Yes	No
12. Are you the spouse or other family caregiver of such wounded, ill, or injured members ? a. Parent, spouse, child, step-family member, or extended family member. b. Lives with but is not a member of the family of the veteran.	Yes	No
13. Review the chart to determine your family size and income level. During the past 12 months was your income level less than the amount indicated for your family size?	Yes	No

FAMILY SIZE	INCOME	FAMILY SIZE	INCOME	FAMILY SIZE	INCOME
1	\$14,580	4	\$30,000	7	\$45,420
2	\$19,720	5	\$35,140	8	\$50,560
3	\$24,860	6	\$40,280	>8	\$50,560 plus \$5,140 for each additional person over 8

14. Are you requesting service or help with (check all that apply):

- | | |
|--|--|
| <ul style="list-style-type: none"> Referrals for job openings Need Questions Answered Job development assistance Retraining assistance and information Career guidance assistance Request for community assistance | <ul style="list-style-type: none"> Shelter/housing referral and information Employment assistance Request for military documents Seeking labor market information Applying for Unemployment Insurance Other: _____ |
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See reverse for EOE/ADA disclosures

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1 • Disponible en español en línea o en la oficina local