## Veterans' Assessment Tool<sup>1</sup>

The information on this form is being requested on a voluntary basis to:

- Identify veterans and eligible persons (questions 1-2) who are entitled to priority of service in any qualified job training program funded by the U.S. Department of Labor, as long as the program's eligibility requirements are met;
- · Be used as an assessment tool for the Jobs for Veterans State Grant (JVSG); and
- Facilitate referrals to the Disabled Veterans' Outreach Program (DVOP) for questions 3 16, as appropriate. Information will be kept confidential and used only for assisting you with employment services.

AJC Part ID Name (Last, First, M.I.) Date (MM/DD/YYYY) **Identify Veterans and Eligible Persons: Questions 1-2** 1. Did you serve in the active United States Military, naval, air, or space service and were you Yes No discharged or released under conditions other than dishonorable? 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 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 Yes No 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? Note: If your answer is "Yes" to either question 1 or 2, you may be eligible for services available through the DVOP. If interested, please answer 3-16 (except #14). If you are not interested in these services, please go to question #17. Assessment for Qualifying Employment Barriers For Veterans and Eligible Persons: **Questions 3-16** 3. Do you have a service connected disability, or a pending disability claim with the Department of Yes No Veterans Affairs? 4. Did you serve in the military during the Vietnam Era? The term "Vietnam Era" means the following: a. The period beginning on November 1, 1955, and ending on May 7, 1975, in the case of a Yes No veteran who served in the Republic of Vietnam during that period. b. The period beginning on August 5, 1964, and ending on May 7, 1975, in all other cases. 5. Have you been referred for employment services by a representative of the Department of Yes No Veterans Affairs? 6. Are you homeless? Yes No 7. Have you ever been or are you currently involved with the justice system, including being Yes No arrested, convicted or incarcerated? 8. Are you between the ages of 18 - 24? Yes No 9. Are you lacking a high school diploma or high school equivalency diploma? Yes No 10. Have you received or are you a part of a family who has received assistance in the past six months through: a. The supplemental nutrition assistance program established under the Food Nutrition Act; Yes No b. Temporary assistance for needy families program; c. The supplemental security income program; or

d. State or local income-based public assistance.

<sup>1</sup> ARIZONA@WORK Job Center staff are to identify veterans and eligible persons by using this assessment tool, as individuals that have priority of service for the Workforce Innovation and Opportunity Act (WIOA).

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11.	re you an individual with, or in a family with, a total income that does not exceed the higher f:			
	a. The poverty line; or		Yes	No
	b. 70 percent of the lower living standard income level.			
	(Please ask for assistance if you think it might apply to you)			
12.	Are you unemployed?		Yes	No
13.	Are you the head of a single-parent household containing at least one dependent child?		Yes	No
DVOP staff may serve the following additional populations:				
14.	Are you a transitioning service member, or are you a recent			
	the Armed Forces, who has participated in any part of the transitional assistance program, including self-paced online modules and Individualized Initial Counseling?		Yes	No
15.	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
16. Are you the spouse or other family caregiver of such wo		ed, ill, or injured service members		
	lescribed in question #15? a. Parent, spouse, child, step-family member, or extended family member.		Yes	No
			163	110
17	b. Lives with but is not a member of the family of the veteran.  Are you requesting service or help with (check all that apply):			
''				
	Referrals for job openings Shelter/hous	ng referral and information		
	Need Questions Answered Employment	assistance		
	Job development assistance Request for	nilitary documents		
	Retraining assistance and information Seeking laboration	r market information		
	Career guidance assistance Applying for	Jnemployment Insurance		
	Request for community assistance Other:	<del>,</del>		
18.	r completing the assessment tool, and DVOP eligibility has been determined, I wish to			
	lecline to receive services from DVOP staff and proceed with my application with a non- reteran staff member.		Yes	No
	veteran stan member.			