Name (Last, First, M.I.)

Date (MM/DD/YYYY)

Yes

No

Veterans' Assessment Tool¹

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.

1. Did you serve in the active United States Military, naval, air, or space service and were you discharged or released under conditions other than dishonorable?

Did you serve on active duty for more than 180 consecutive days and was discharged with other than a dishonorable discharge? (For National Guard/Reserve, active-duty training does not count toward the 180 days?)

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

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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?

listed in one or more of the following categories and has been listed for a total of more than

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

¹ 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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10.	Have you received or are you a part of a family who has received assistance in the pa	ast six			
	nths through:				
	a. The supplemental nutrition assistance program established under the Food Nutrition			No	
	. Temporary assistance for needy families program; . The supplemental security income program; or		Yes	No	
	d. State or local income-based public assistance.				
11.	Are you an individual with, or in a family with, a total income that does not exceed the	higher			
	of:				
	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	d?	Yes	No	
	DVOP staff may serve the following additional populations:				
14.	Are you a transitioning service member, or are you a recently separated service member from he Armed Forces, who has participated in any part of the transitional assistance program,				
			Yes	No	
	including self-paced online modules and Individualized Initial Counseling?				
15.	Are you a member of the Armed Forces who is wounded, ill or injured and receiving treatment		Vaa	N.	
	at a Military treatment facility or warrior transition unit?		Yes	No	
16.	Are you the spouse or other family caregiver of such wounded, ill, or injured service members described in question #15? a. Parent, spouse, child, step-family member, or extended family member.				
			Yes	No	
	b. Lives with but is not a member of the family of the veteran.				
17.	7. Are you requesting service or help with (check all that apply):				
	Referrals for job openings Shelter/housing referral and information				
	Need Questions Answered Employment assistance				
	Job development assistance Request for military documents				
	Retraining assistance and information Seeking labor market information				
	Career guidance assistance Applying for Unemployment Insurance				
	Request for community assistance Other:				
18.	18. After determining eligibility, I wish to receive DVOP services.		Yes	No	