

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.

Name (Last, First, M.I.)

AJC Part ID

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 discharged or released under conditions other than dishonorable? Did you serve on active duty for more than 180 consecutive days and were you discharged with other than a dishonorable discharge? <i>(For National Guard/Reserve, active-duty training does not count toward the 180 days).</i>	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 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

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 Veterans Affairs?	Yes	No
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 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.	Yes	No
5. Have you been referred for employment services by a representative of the Department of Veterans Affairs?	Yes	No
6. Are you homeless?	Yes	No
7. Have you ever been or are you currently involved with the justice system, including being arrested, convicted or incarcerated?	Yes	No
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).

<p>10. Have you received or are you a part of a family who has received assistance in the past six months through:</p> <ul style="list-style-type: none"> a. The supplemental nutrition assistance program established under the Food Nutrition Act; b. Temporary assistance for needy families program; c. The supplemental security income program; or d. State or local income-based public assistance. 	<p>Yes No</p>												
<p>11. Are you an individual with, or in a family with, a total income that does not exceed the higher of:</p> <ul style="list-style-type: none"> a. The poverty line; or b. 70 percent of the lower living standard income level. (Please ask for assistance if you think it might apply to you) 	<p>Yes No</p>												
<p>12. Are you unemployed?</p>	<p>Yes No</p>												
<p>13. Are you the head of a single-parent household containing at least one dependent child?</p>	<p>Yes No</p>												
<p>DVOP staff may serve the following additional populations:</p>													
<p>14. Are you a transitioning service member, or are you a recently separated service member from the Armed Forces, who has participated in any part of the transitional assistance program, including self-paced online modules and Individualized Initial Counseling?</p>	<p>Yes No</p>												
<p>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?</p>	<p>Yes No</p>												
<p>16. Are you the spouse or other family caregiver of such wounded, ill, or injured service members described in question #15?</p> <ul style="list-style-type: none"> 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. 	<p>Yes No</p>												
<p>17. Are you requesting service or help with (check all that apply):</p> <table border="0" style="width: 100%;"> <tr> <td>Referrals for job openings</td> <td>Shelter/housing referral and information</td> </tr> <tr> <td>Need Questions Answered</td> <td>Employment assistance</td> </tr> <tr> <td>Job development assistance</td> <td>Request for military documents</td> </tr> <tr> <td>Retraining assistance and information</td> <td>Seeking labor market information</td> </tr> <tr> <td>Career guidance assistance</td> <td>Applying for Unemployment Insurance</td> </tr> <tr> <td>Request for community assistance</td> <td>Other:</td> </tr> </table>		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:
Referrals for job openings	Shelter/housing referral and information												
Need Questions Answered	Employment assistance												
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Request for community assistance	Other:												
<p>18. After determining eligibility, I wish to receive DVOP services.</p>	<p>Yes No</p>												