

Veteran Information Form

This form is for individuals who have answered yes to the question "Have you ever served in the U.S. Military?".

Date: _____ Name: _____ DOB: _____
SSN (Last 4 numbers): _____ Email: _____ Phone: _____
Military Dates: Entered: _____ Released: _____ Branch of Service: _____
Discharge Type: _____ County of Career Search: _____
Have you served in an area considered a combat zone? ☐ Yes ☐ No

A yes in this screening area is eligible for veteran employment services

Do you have a service connected or other disability? ☐ Yes ☐ No ☐ Medical Discharge

A veteran must have served at least 180 days of service and have a yes in this screening area to be veteran employment services eligible

- | | | |
|--|------------------------------|-----------------------------|
| 1. Are you a Vietnam Veteran/Served during the Vietnam Era? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Were you discharged from the military within the last 3 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are you transitioning out of military service in the next year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are you experiencing or at risk of homelessness? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Have you been released from jail, prison, or any detention facility? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Are you between ages 18 and 24 years old? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Are you lacking a High School Diploma or GED? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Are you unemployed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Are you the head of single-parent households containing at least one dependent child? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. What is the PRESENT ANNUAL FAMILY household Income? | \$ _____ | |
| Number of people in your household? | _____ | |

I am requesting employment services from a veteran employment specialist. ☐ Yes ☐ No

I hereby certify all the statements made above are true and correct.

Signature: _____ Date: _____

STAFF ONLY

Referred By: _____

Workforce Case #: _____

VIF Uploaded into workforce case: ☐ Yes ☐ No

For Criteria For Veteran Spouses/Caregivers
Please Refer to Veteran Employment Staff for Eligibility.

2025 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

| Persons in Family/ Household | Poverty Guideline |
|--|----------------------|
| 1 | \$15,650 |
| 2 | \$21,150 |
| 3 | \$26,650 |
| 4 | \$32,150 |
| 5 | \$37,650 |
| 6 | \$43,150 |
| 7 | \$48,650 |
| 8 | \$54,150 |
| *For families/households with more than 8 persons, add \$5,500 for each additional person. | |

NOTES

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal grey lines across its entire width, typical of notebook or school paper. There are no margins, text, or other markings present.