

Veteran Employment Coordinator Eligibility Screening Tool

Name: _____ Last 4 of Social: _____ Claimant ID: _____

Are you interested in one-on-one career planning or help in finding employment? YES NO

If **yes**, please complete this tool to determine whether you are eligible for VEC specialist services.

If **no**, please stop here; you may be eligible for priority of service from another staff member.

Section A: Current Service Members

If you are currently serving on active duty, select any statements that apply to you.

- I am wounded, ill, or injured, AND I am receiving treatment at a military treatment facility or soldier recovery unit.
- I am within 1 year of separation or 2 years of retirement, AND I have participated in a part of the Transition Assistance Program (TAP).

If you checked any of these, a VEC specialist can assist you, pending availability. Please go to **Section E: Customer Signature**. Otherwise, continue to **Section B**.

Section B: Eligible Veterans

If you have ever served in the military, select any statements that apply to your service:

- I served on active duty for more than 180 consecutive days and was discharged under other than honorable conditions. (For National Guard/Reserve, active-duty training does not count toward the 180 days.)
- I was released from active duty because of a service-connected disability.
- I was released from active duty due to a sole-survivorship discharge.
- I was a member of a Guard/Reserve component; AND served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized AND was discharged or released from such duty with **other** than dishonorable discharge.

If you checked any of these, you are considered an *Eligible Veteran*; please go to **Section D** to determine whether a VEC specialist can serve you. Otherwise, please continue to **Section C**.

Notice To Our Customers: We are requesting this information to best meet your employment and training needs. We will keep all information you provide to us confidential to the greatest extent allowed by law. If you do not provide this information, you will not be subjected to any adverse treatment.

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Section C: Eligible Persons

If you are the spouse, family caregiver, or widow(er) of someone who served or is serving in the Armed Forces, select any of the following statements that apply to you:

- I am the spouse or family caregiver of a wounded, ill, or injured current service member who is receiving care at a military treatment facility.

If you checked the box above, a VEC specialist can serve you; go to Section E. Otherwise, continue:

- My spouse was a veteran who died because of a service-connected disability.
- My spouse has (or my deceased spouse had) a total and permanent service-connected disability rating from the Department of Veterans Affairs.
- My active-duty spouse is listed as one of the following and has been for more than 90 days: 1) missing in action; 2) captured in the line of duty by a hostile force; or 3) forcibly detained or interned in line of duty by a foreign government.

If you check any of the boxes in this part of Section C, you are an *Eligible Person*; please continue to Section D to determine whether a VEC specialist can serve you. Otherwise, please stop here; you may be eligible for priority of service from another staff member.

Section D: Qualifying Situations

Only complete this section if directed by either Section B: Eligible Veterans or Section C: Eligible Persons. Select any of the statements that apply to you.

- I have a disability, which may include any of the following:
- I am entitled to compensation for a service-connected disability from the U.S. Department of Veterans Affairs (VA), or I currently have a disability claim pending with the VA.
 - I was released from active duty due to a service-connected disability.
 - I have another disability, meaning a physical or mental impairment that substantially limits one or more major life activities.
- I am an Eligible Veteran and part of my active military, naval, or air service was during the Vietnam era, which means either:
- I served in the Republic of Vietnam at any time between November 1, 1955, and May 7, 1975, or
 - Any part of my active-duty service was between August 5, 1964, and May 7, 1975.
- I am an Eligible Veteran and was discharged or released from active duty within the last 3 years.
- I have been referred for employment services by a representative of the U.S. Department of Veterans Affairs.
- I am experiencing homelessness, including any of the following:
- I do not have (and cannot obtain) a fixed, regular, adequate, permanent place to live.
 - I will soon lose my housing and do not have anywhere else to go.
 - I am attempting to flee domestic violence and have no safe residence or resources to obtain safe, permanent housing.

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CONTINUED Section D: Qualifying Situations

- I have been subject to any stage of the criminal justice process, and/or I need assistance overcoming employment barriers resulting from a record of arrest or conviction.
- I am between 18 and 24 years of age.
- I do not have a high school diploma or equivalent certificate.
- I received (or have received in the last 6 months) public assistance through SNAP, TANF, SSI, or state or local income-based programs.
- My total family income does not exceed the higher of the poverty line or 70% of the lower living standard income level. (Please ask for assistance if you think it might apply to you.)
- I am unemployed and am available to work.
- I am the head of a single-parent household.

If you checked any of these, you are eligible for VEC specialist services; please continue to **Section E**. Otherwise, you may be eligible for priority of service by other staff.

Section E: Customer Signature

If directed here from a previous section, you are eligible for VEC specialist services based on your responses. By completing these fields, you certify that your answers are true to the best of your knowledge.

Name: _____ Date: _____

Signature: _____ Phone: _____ Email: _____

WIN Job Center Use Only

Referred to: VEC Specialist: _____ Other WJC Staff: _____

Intake by: _____ Date: _____