**Today's Date: \_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| OFFICE OF VETERAN EMPLOYMENT SERVICES PRE-SCREENING ***(Please forward the completed form in a "sealed" envelope to the OVES DVOP)*** | | | | | | | | | | |
| **Eligibility Questions for Veterans and/or Spouses of Veterans**  **For Spouses of Veterans: Skip to second set of questions**  The information gathered is to be used solely in connection with providing priority to persons with Disabilities. This information is provided on a voluntary basis.  **This form will be held as confidential and will be destroyed when no longer needed by the DVOP.** | | | | | | | | | | |
| **For Veterans:** | | | | | | | | |
| 1. Did you serve in the United States Armed Forces? | | | |  | Yes |  | No |
| 1. Did you receive an honorable **or** less than honorable military discharge but **"not"** adishonorable discharge? | | | |  | Yes |  | No |
| 1. Did you serve 181 or more days on active duty other than for basic and advanced training, or less than 181 days with discharge due to a service-connected disability? | | | |  | Yes |  | No |
| 4.\* Are you entitled to VA compensation due to a service-connected disability, or were you released from active duty because of a service-connected disability? | | | |  | Yes |  | No |
| 5.\* Did any part of your active service occur during the Vietnam era?  *(February 28, 1961-May 7, 1975 for veterans who served in the Republic of Vietnam and*  *August 5, 1964-May 7, 1975 for all others)* | | | |  | Yes |  | No |
| 6.\* Did you separate from active duty within the past 3 years **and** have you been unemployed for more than 27 total weeks within the last year? | | | |  | Yes |  | No |
| 7.\* Are you between the ages of 18 and 24? | | | |  | Yes |  | No |
| 8.\* Do you **lack** a High School diploma or equivalent certificate (GED, HSED)? | | | |  | Yes |  | No |
| 9.\* Using the information on reverse side of this form, is your family income during the past six months at or below Federal Poverty level (FPL) or at or below 70% LLSIL. | | | |  | Yes |  | No |
| 10.\* Are you homeless *(receiving VETS homeless veteran program services? HVRP participant?*), or at risk of being homeless, **or** do you feel threatened due to an unfavorable domestic situation and lack suitable alternative housing? | | | |  | Yes |  | No |
| 11.\* Are you currently incarcerated **or** have you ever been released from incarceration? | | | |  | Yes |  | No |
| 12.\* Are you **currently** an active duty (or activated) member of the Armed Forces who is wounded, ill, or injured, **and** receiving treatment in a **military facility** or a **warrior transition unit**? | | | |  | Yes |  | No |
| 13.\* Are you an **active duty** service member **within** 24 months of retirement or 12 months of separation who was directed by your commander to visit an American Job Center **or** who is being involuntarily separated through a Service reduction-in-force? | | | |  | Yes |  | No | | |
| **For Spouses of Veterans and Spouses or Family Caregivers of Wounded, Ill, or Injured Service Members:** | | | | | | | | |
| 1.\* Are you the spouse of a Veteran who died due to a service-connected disability? | | | |  | Yes |  | No | | |
| 2.\* Are you the spouse of a Service Member who is currently missing in action, **or** has been a POW, or held by a foreign government? | | | |  | Yes |  | No | | |
| 3.\* Are you the current or surviving spouse of a Veteran with a VA Rating for service-connected disability of 100%-Permanent and Total? | | | |  | Yes |  | No | | |
| 4.\* Are you the spouse, or other family caregiver of wounded, ill, or injured Service Members? *(Family caregivers can include parents; a spouse; a child; a stepfamily member; an extended family member or any individual who lives with and provides daily care for the veteran)* | | | |  | Yes |  | No | | |
| **What Are Your Immediate Needs Today? (Check all that apply)** | | | | | | | | |
|  | a. Find out how to use the Job Center of WI |  | g. Register on the jobcenterofwisconsin.com | | | | | |
|  | b. Basic computer skills training assistance |  | h. I am homeless/at risk of being homeless | | | | | |
|  | c. I need other community services |  | i. Find out about local transportation | | | | | |
|  | d. Preparing for an interview |  | j. Funding Veterans Education | | | | | |
|  | e. Resume development |  | k. Unemployment assistance | | | | | |
|  | f. Looking for a job |  | l. Other: | | | | | |

***After completing the form, please return it to the Resource Room Staff for review.***

**For Resource Room Staff Only:**

If questions 1-3 are answered "Yes", continue down the sheet to determine referral to the DVOP.

If any of questions 4-13 are answered "Yes", the veteran should complete the back of the sheet and place it in a sealed envelope for the DVOP. If any of the spouse questions are answered "Yes", refer to DVOP.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name (Print) | | MI | | Last Name |
| Date of Birth | Telephone Number | | E- mail | |
| **Asset Pin (For Office Use Only)** | | | | |

Staff Notes:

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| |  |  | | --- | --- | | **100% Federal Poverty Levels (FPL)** | | | **Persons in family/household** | **6-month income** | | 1 | $6,245 | | 2 | $8,455 | | 3 | $10,665 | | 4 | $12,875 | | 5 | $15,085 | | 6 | $17,295 |   For families/households with more than 6 persons,  add $2,210 for each additional person. | |  |  |  | | --- | --- | --- | | **70% of LLSIL (6-month income)** | | | | **Family Size** | **A-Metro** | **B-Non-Metro** | | 1 | $4,916 | $4,713 | | 2 | $8,058 | $7,718 | | 3 | $11,060 | $10,596 | | 4 | $13,653 | $13,080 | | 5 | $16,111 | $15,439 | | 6 | $18,846 | $18,055 |   For each person beyond 6, add $2,734 (metro) or $2,616 (non-metro) |

The following counties are considered "Metro" for the purposes of LLSIL:

Brown

Calumet

Chippewa

Columbia

Dane

Douglas

Eau Claire

Fond du Lac

Green

Iowa

Kenosha

Kewaunee

La Crosse

Marathon

Milwaukee

Oconto

Outagamie

Ozaukee

Pierce

Racine

Rock

Sheboygan

St. Croix

Washington

Waukesha

Winnebago



DWD is an equal opportunity employer and service provider. If you have a disability and need assistance with this information, please dial 7-1-1 for Wisconsin Relay Service. Please contact the Division of Employment and Training at 888-258-9966 and press 6 to request information in an alternate format, including translated to another language.