## Veterans' Services Intake Form

eligible persons, as long as other provisions of the law are met. Please complete this questionnaire to determine your eligibility for priority services provided by Disabled Veterans' Outreach Program (DVOP) Specialists.				
Full Name:		SCWOS User ID:		
Contact Information: ( )		Email:		
Home Phone ☐ Cell Phone ☐				
Complete this section if you are a military spouse.  Are you the spouse of:				
1.	A veteran who died of a service connected disability?			
2.		□ Ye	s 🗖	No
	A member of the Armed Forces serving on active duty who is current the following categories for a total of more than 90 days:	tly and has been listed in one or more of		
	Missing in Action?	_		
	Captured in the line of duty by a hostile force?	☐ Ye	_	No
	Forcibly detained or interned in the line of duty by a foreign go	☐ Ye		No
3.	A veteran who has a Department of Veterans Affairs total disability			No
4.	A veteran who died while a Department of Veterans Affairs total dis			No
-	Weter and area while a Department of Veterans Affairs total dis	ability rating existed? ☐ Ye	s 🏻	No
Complete this section if you are a veteran or an eligible military spouse.				
An eligible veteran or eligible military spouse is determined to have a Significant Barrier to Employment (SBE) if he or she meets at least one of				
the six criteria below:				
5.	*Are you a special disabled or disabled veteran who:			
	<ul> <li>is entitled to compensation (or who, but for the receipt of militi</li> </ul>	ary retired pay, would be entitled to		
	compensation) under laws administered by the Secretary of Vel		s 🗆	No
	<ul> <li>was discharged or released from active duty because of a service</li> </ul>	e-connected disability?	s 🗆	No
6.				
	your permanent residence?	□ Ye	s 🗆	No
7.	7 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	oyed for 27 or more		
	weeks in the previous 12 months?	☐ Ye	s 🗆	No
8.	Are you an offender who is currently incarcerated or who has been r	released from incarceration?	s 🗆	No
9.	Are you lacking a high school diploma or equivalent certificate?	□ Ye	s 🗆	No
10.	Are you a low-income individual?	□ Ye	s 🗆	No
Complete this section if you fall within one of the populations eligible for additional services.				
Congress and the Secretary of Labor have designated certain additional populations eligible to receive services from Disabled Veterans' Outreach Program (DVOP) Specialists.				
11.	Are you a veteran between the ages of 18 and 24?	☐ Ye	. п	No
	Are you a Vietnam-era veteran?	□ Ye:		No
13.	Are you a member of the US military and are currently being treated	at a medical treatment facility (MTF)?		No
14.	Are you the spouse or family caregiver of such wounded, ill, or injure	ed Service Member?	_	
	Are you transitioning from active military service?			No
		☐ Ye	s 🗆	NO
Military Documents				
	Do you have a DD214 in your possession?	☐ Ye:	· 🗆	No
17.	Do you need assistance in requesting military documents?	☐ Ye	. 🗆	No
*Provision of this information is strictly voluntary and the information will be kept confidential. The purpose of this information is strictly for determining priority of service to individuals with disabilities. Refusal to provide the information will not subject anyone to adverse treatment. The information will be used only in accordance with the law.				