



Tennessee Department of Labor and Workforce Development

Workforce Learning and Development Division
220 French Landing Drive
Nashville, TN 37243

MILITARY SERVICES FORM

Priority of service is the right of veterans and eligible military spouses to receive employment, training, and placement services before non-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.

Date: _____ Full Name: _____ SSN: _____ Date of Birth: _____

Phone Number: _____ Email: _____ Branch of Service _____

Guard/Reserve Service Dates: _____ Dates of Active Duty Service (MM/YYYY) _____ - _____

Rank: _____ How can we help you today? _____

SECTION A - Determining Veteran Eligibility

Have you ever served on active duty in any branch of the Armed Forces, or are you a Transitioning Service Member, Wounded Warrior, Spouse or Family Caregiver of a service member or veteran? If so you may be entitled to additional services if you can attest to at least one of the criteria below;

- | | |
|--|--|
| 1. Have you served on active duty for a period of more than 180 days? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Did you receive a dishonorable discharge from military service? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Did you serve in a reserve component under an order to serve on active duty during a period of war, campaign, or expedition for which a campaign badge was authorized? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Were you discharged or released from active duty because of a service connected disability? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

SECTION B - Determining Eligible Spouses (VA Documentation Required)

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| Are you the spouse of: | |
| 1. A veteran who died of a service connected disability? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. A member of the Armed Forces who: | |
| • Is missing in action? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Was captured in the line of duty? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Is being forcibly detained by a foreign government or power? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. A veteran who has a Department of Veterans Affairs total & permanent disability rating? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. A veteran who died while a Department of Veterans Affairs total disability rating existed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

SECTION C - Determining Eligible Veteran age 18-24

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| The Secretary of Labor has designated veterans ages 18-24 as a target population for veteran services. This group of veterans transitioning from active military service is expected to increase in the near future and may possess limited civilian work history and higher rates of unemployment. | |
| 1. Are you between the ages of 18-24? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Do you have limited civilian work history? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are you unemployed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are you transitioning from active military service? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

SECTION D - Miscellaneous Determinations

1. Do you have a DD214 in your possession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you need assistance in requesting military documents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you a service member who received a warm handover, or have received a DD-2958 signed by your commander documenting that you have not met Career Readiness Standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you an active duty service member being voluntarily or involuntarily separated through a reduction in force?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION E - SIGNIFICANT BARRIER(S) TO EMPLOYMENT (SBE)

1. Are you a special disabled or disabled veteran whereas you are; <ul style="list-style-type: none"> • Entitled to VA compensation; or • Have a claim pending with the VA; or • Were discharged or released from active duty because of a service-connected disability? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you a homeless veteran or a veteran who is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions in your family or your current Housing situation, including where the health and safety of children are jeopardized, and who has no other residence and lack the resources or support networks to obtain other permanent housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Did you serve during the "Vietnam Era" from February 28 th , 1961 to May 7 th , 1975?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you a recently separated veteran, who within the previous 12 months, has been unemployed for 27 or more weeks? (The term "recently separated veteran" means within the three-year period beginning on the date of such veteran's discharge or release from active duty.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you a Justice Involved veteran who is currently incarcerated or who has been released from incarceration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you low-income as defined by the State? (See attached chart)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are you a member of the Armed Forces who is wounded, ill, or injured and receiving treatment in a military treatment facility (MTF) or warrior transition unit (WTU)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you the family caregiver of a wounded, ill, or injured service member? A Family Caregiver can include: (A) A member of the family of the veteran, including a parent, a spouse, a child, a step-family member, extended family member; (B) lives with, but is not a member of the family of the veteran	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you have a high school diploma or equivalent certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No

This form is used to determine your eligibility for additional services and is intended for use solely in connection with efforts to give priority of service to Eligible Veterans and Eligible Spouses that meet certain criteria. This information is being requested on a voluntary basis and will be kept confidential. Refusal to provide the information will not subject the applicant to any adverse treatment.