

WorkSource Registration Veteran Questionnaire

WorkSource is a system of partner programs that work together to provide a full range of employment and training services to customers like you. For this reason, we will share your information with other WorkSource partner programs that may be able to provide you with additional services. Your information will not be shared beyond WorkSource partner programs.

If you are Active-Duty Military, Veteran, Military Spouse, Spouse of a Veteran, or National Guard/Reserves member who has been called to Active Duty, please complete the following:

- 1) Are you a military spouse? Yes No
- 2) Were you released from the military with a dishonorable discharge or are you the spouse of a military member who was dishonorably discharge? Yes No

If 1 is Yes, and 2 is No, these are the required questions:

- 3) Are you the spouse of a military member who has a total permanent service-connected disability? Yes No
- 4) Are you the spouse of a military member who was detained by an enemy force or was a prisoner of war for 90 days or more?
 Yes No
- 5) Are you the spouse of a military member who is listed as missing in action? Yes No
- 6) Are you the spouse of a military member who died as a result of a service-connected disability? Yes No

If 1 is No, and 2 is No, these are the required questions:

- 7) Are you currently serving in the military? Yes No
- 8) Are you retiring in the next 24 months? Yes No **OR** Are you separating in the next 12 months? Yes No
- 9) Did you previously serve in the military? Yes No
- 10) What is/was your Branch of Service? Air Force Army Navy Marines Corps Coast Guard
- 11) Most recent military service start date and end date (MM/DD/YY): _____ - _____
- 12) Was your unit activated during a period of war or a campaign for which a campaign badge was issued? Yes No
- 13) Campaign(s) Served _____
- 14) Do you have additional service enlistments? Yes No
- 15) Do you have a service-connected disability? Yes No Claim submitted and waiting for VA decision.
- 16) Percentage of service-connected disability: _____ %
- 17) Are you separating from the military under other than dishonorable conditions and being discharged due to force downsizing?
 Yes No If yes, what is your Approved Separation Date (Month/Day/Year): _____
- 18) Do you have a DD Form 2648 that states career readiness standards were NOT met in Block 37, and is signed by your commander in Block 40? Yes No

Does any of the following apply to you?

- 19) Are you homeless, in danger of becoming homeless, escaping/planning to escape domestic violence? Yes No
- 20) Are you currently or have you been incarcerated? Yes No
- 21) Are you receiving or are you eligible for public assistance? Yes No
- 22) Have you been discharged in the past 3 years and unemployed for a total of 27 weeks or longer in the past 12 months? Yes No
- 23) Do you lack a high school diploma or GED? Yes No
- 24) Are you a service member, or a caregiver of a service member, who is receiving treatment in a Military Treatment Facility or Warrior Transition Unit? Yes No
- 25) Do you need help obtaining a copy of your DD-214? Yes No

This section is for staff use only:

Veteran questionnaire required? Yes No Veteran questionnaire completed? Yes No

The following have been recorded (registration requires all to be complete):

Demographic details Disability details Veteran details MSFW details Case note