

Ohio Department of Job and Family Services

VETERAN QUESTIONNAIRE

Name	Date of Birth
Address	
E-mail Address	Phone Number
Branch of Service	Discharge Type
Dates of Service	

The requested information is intended to better assist you in your employment and training needs. This information is provided on a voluntary basis and, in accordance with the law, will be kept confidential unless approval is granted to disclose necessary information for the coordination of services at the OhioMeansJobs Center. Refusal to provide the requested information will not subject you to any adverse treatment.

Were you an active duty service member who was involuntarily separated because of a reduction in force, illness, or wounded/ injured? Yes No

Are you a disabled veteran (or have a pending disability claim with the VA)? Yes No

Are you the spouse or family caregiver of a veteran or service member who:

- Is deceased or totally disabled and the death or disability was service connected;
 - Is listed missing in action or captured in the line of duty for a total of more than 90 days; or
 - Is wounded, ill, or injured and receiving treatment in military treatment facilities or warrior transition units?
- Yes No

Do you lack a permanent, nighttime residence (or live in a shelter) or are fleeing domestic violence? Yes No

Have you been separated from military within the last 3 years and unemployed 27 weeks or more in the previous 12 months? Yes No

Are you currently incarcerated or have been released from incarceration? Yes No

Are you in need of a high school diploma or GED? Yes No

Are you a veteran or Transitional Service Member age 18 to 24? Yes No

Are you a transitioning Service Member with DD-2958? Yes No

What is your family income?

Annual gross income: _____ Family size: _____

I give my approval for OhioMeansJobs Center staff, Jobs for Veterans State Grant staff, and partner agencies to exchange and disclose necessary information about me for services to be provided to me by all programs administered via the OhioMeansJobs Center and/or partner agencies. I attest that the information stated above is true and accurate, and understand that the above information, if misrepresented, or incomplete, may be grounds for immediate termination of services and/or penalties as specified by law.

Signature	Date
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Staff use only:

- ODJFS CS ODJFS DVOP WIOA Staff Education Partner Other: