



# Minnesota Veteran Questionnaire

## IF SEEKING EMPLOYMENT SERVICES, PLEASE FILL OUT THIS QUESTIONNAIRE.

The information you provide is voluntary and will be kept confidential. You don't have to provide the information, but failure to do so could affect your eligibility for additional veteran program benefits.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Active Duty Military Service Dates: From \_\_\_\_\_ To \_\_\_\_\_

1.	Do you have a service connected disability rated 10% or higher from the Veterans Administration, or do you have a pending claim for a service-connected disability?	YES	NO
	Were you discharged or released from active duty because of service-connected disability?	YES	NO
2.	Have you left the military within the past three years AND ALSO been unemployed for at least 27 weeks at any time in the past year?	YES	NO
3.	Are you homeless? OR lacking a fixed, regular, adequate nighttime residence? OR is your primary nighttime residence a shelter?	YES	NO
	Are you currently homeless or at risk of becoming homeless? This includes any individual who is fleeing or attempting to flee domestic violence (including where the health and safety of children are jeopardized), living in a shelter, or at risk of losing living arrangements.	YES	NO
4.	Are you currently between 18 to 24 years old?	YES	NO
5.	Are you a Viet Nam Era Veteran who served active duty in the military from August 5, 1964 to May 7, 1975? Or served in Viet Nam from February 28, 1961 to May 7, 1975?	YES	NO
6.	Are you lacking a high school diploma or GED?	YES	NO
7.	Are you, or your immediate family that you live with, currently receiving public assistance, and/or are you at a lower-income level according to your local area?	YES	NO
8.	Do you have a criminal record?	YES	NO
9.	Have you participated in the Transition Assistance Program (TAP) and are being referred to us by your last military commander?	YES	NO
10.	Are you currently an active service member who is ill, or wounded and receiving treatment in a military treatment facility or warrior transition unit?	YES	NO

### *For spouses of military members and veterans:*

1.	Are you the spouse of a veteran rated at 100% disabled by the VA? Or the spouse of a military member who was POW, MIA, KIA or who died of their service connected disability?	YES	NO
2.	Are you the spouse or other family caregiver of a wounded, ill or injured active duty member?	YES	NO

### **FOR STAFF USE ONLY**

DATE RECEIVED:	RECEIVED BY:	REFERRED TO:
ADDITIONAL STAFF NOTES:		

**Email completed questionnaire to [andrea.dunn@state.mn.us](mailto:andrea.dunn@state.mn.us)**

**Thank You for Serving.**

