



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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Were you discharged or released from active duty because of service-connected disability?	<input type="checkbox"/> YES	<input type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.	Are you homeless? OR lacking a fixed, regular, adequate nighttime residence? OR is your primary nighttime residence a shelter?	<input type="checkbox"/> YES	<input type="checkbox"/> 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.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.	Are you currently between 18 to 24 years old?	<input type="checkbox"/> YES	<input type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6.	Are you lacking a high school diploma or GED?	<input type="checkbox"/> YES	<input type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8.	Do you have a criminal record?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9.	Have you participated in the Transition Assistance Program (TAP) and are being referred to us by your last military commander?	<input type="checkbox"/> YES	<input type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

For - Transitioning Service Members, Spouses, and Caregivers

- Are you a transitioning service member, who has been identified as in need of intensive employment services?
- Are you currently an active service member who is ill, or wounded and receiving treatment in a military treatment facility or warrior transition unit?
- 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?
- Are you the spouse or other family caregiver of a wounded, ill or injured active duty member?

ADDITIONAL STAFF NOTES:

Thank You for Serving.

CareerForce is an equal opportunity employer and service provider. Upon request, this information can be made available in alternate formats for individuals with disabilities.

