



**VETERAN INTAKE FORM**

<b>NAME:</b>	<b>PHONE:</b>
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<b>EMAIL:</b>
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<b>Branch of Service:</b>	<input type="checkbox"/> Army	<input type="checkbox"/> Navy	<input type="checkbox"/> Air Force	<input type="checkbox"/> Marines	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> A/NG Reserves	<input type="checkbox"/> Space Force
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<b>START TIME IN SERVICE</b> MM/DD/YYYY	<b>END TIME IN SERVICE</b> MM/DD/YYYY
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Did you <b>serve more than 180 days of Active-Duty</b> , Federal Service not to include training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Status of <b>Most Recent Discharge:</b>	<input type="checkbox"/> Honorable	If "other" (please explain):
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Are you <b>Registered in Employ Florida?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**The following services would be beneficial for my employment / training needs**

<input type="checkbox"/> Labor Market Information	<input type="checkbox"/> Job Referrals	<input type="checkbox"/> Workforce Preparation	<input type="checkbox"/> Employability Workshops
<input type="checkbox"/> Community Supportive Services	<input type="checkbox"/> Job Search	<input type="checkbox"/> Training Opportunities	<input type="checkbox"/> Interviewing Skills
<input type="checkbox"/> Interest/Aptitude Assessments	<input type="checkbox"/> Career Planning	<input type="checkbox"/> Resume Assistance	<input type="checkbox"/> Other (please explain below)

**Please select all that apply:**

<input type="checkbox"/> Active-duty member who has participated in any part of Transition Assistant Program (TAP). <input type="checkbox"/> Active-duty member that is wounded, ill, or injured and is receiving treatment in Military Treatment Facility (MTF) or a Warrior Transition Unit (WTU). ***This is not your local VA Clinic*** <input type="checkbox"/> Spouse or Family Care Giver of the Wounded Service Member as described above.	
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**Please select all that apply:**

<input type="checkbox"/> Discharged or released from Active Duty for sole survivorship. <input type="checkbox"/> Discharged or released from Active Duty because of a VA Service-Connected Disability. <input type="checkbox"/> Member of a Reserve Component under Active-Duty Orders (Title 10), who served during a period of war or in a campaign / expedition for which a Campaign Badge is authorized, and was discharged or released, with an "Other Than Dishonorable" discharge? <input type="checkbox"/> Missing-In-Action or captured in line of duty by a hostile force or detained in line of duty by a foreign government or power for a total of more than 90 days. <input type="checkbox"/> The spouse of any person who has a total disability permanent in nature resulting from a service-connected disability, or the spouse of a veteran who died while a disability was in existence. <input type="checkbox"/> The spouse of any person who died of a Service-Connected Disability.	
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**Please select all that apply:**

<input type="checkbox"/> Do you have a VA Service-Connected Disability Rating (SCD) or pending claim? _____% <input type="checkbox"/> Do you have a disability as defined by the Americans with Disability Act? (NOT a VA Rating) <input type="checkbox"/> Do you lack a high school diploma or equivalent certificate? <input type="checkbox"/> Are you a Vietnam-era veteran? <input type="checkbox"/> Are you between 18 to 24 years old? <input type="checkbox"/> Were you discharged from active duty within the last 36 months? <input type="checkbox"/> Were you referred to employment services by a representative of the Department of Veterans Affairs? <input type="checkbox"/> Are you experiencing homelessness or at risk of being homeless or fleeing dangerous conditions? <input type="checkbox"/> Have you experienced justice involvement? <input type="checkbox"/> Are you economically-disadvantaged? <input type="checkbox"/> Low Income (Refer to low-income chart) or receiving public assistance (SNAP, Cash Assist, etc.) <input type="checkbox"/> Unemployed <input type="checkbox"/> Head of single parent household containing at least one dependent child	<b>Family Size</b>	<b>Annual Income</b>
	<b>1</b>	<b>\$15,558</b>
	<b>2</b>	<b>\$25,541</b>
	<b>3</b>	<b>\$35,056</b>
	<b>4</b>	<b>\$43,280</b>
	<b>5</b>	<b>\$51,081</b>
	<b>6</b>	<b>\$59,742</b>
	<b>7</b>	<b>\$68,403</b>
	<b>8</b>	<b>\$77,065</b>



**VETERAN INTAKE FORM**

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DO NOT WRITE – STAFF USE ONLY

Today's Date:

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Referred to (Name/Title):

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Referred by (Name/Title):

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08/2024

**Office Use Only:**

Does Veteran have an QEB:  
Qualified Employment Barrier

YES

NO

If yes, did you complete the following:

- Notify veteran of Priority of Service and input 189 activity and case note, utilizing region's 189 case note template
- Input 159 activity and case note
- Input 168 activity and case note, ONLY if DVOP was unavailable

If no, did you complete the following:

- Notify veteran of Priority of Service and input 189 activity and case note, utilizing region's 189 case note template
- Input 159 activity and case note