

## Veteran Services Eligibility Form

Customer Name: \_\_\_\_\_ NYID#: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Please fill out this form to see if you are eligible for [Veteran Program Services](#)

**Notice To Our Customers:** We are requesting the information below to best meet your employment and training needs. We will keep all information you provide to us confidential to the greatest extent allowed by law. If you do not provide this information, you will not be subjected to any adverse treatment.

Refer to **NYSDOL Veterans' Program Terms and Definitions** (provided or found here: [Veterans' Program Forms and Publications](#)) when completing this form.

**Establish Priority of Service:** Are you a Veteran AND did you receive a discharge that is not classified as "dishonorable" OR are you an eligible spouse?    Yes    No

- If yes, you qualify for Priority of Service and Local Veterans' Employment Representative (LVER) services
- "Veteran" and "Eligible Spouse" are defined in the Veterans' Program Terms & Definitions
- If No, continue to **Section C**

### Section A: Eligible Veterans

If you've served in the U.S. Armed Forces, check any boxes that apply:

I served on active duty for over 180 consecutive days AND was not dishonorably discharged  
(For Guard/Reserve, active-duty training does not count toward the 180 Days)

I was released from active duty due to a service-connected disability

I received a sole survivorship discharge

I was in the Guard or Reserves, served during a war, expedition or campaign, earned a campaign badge and was not dishonorably discharged

- If any boxes are checked, go to **Section D**
- If none apply, go to **Section B**

### Section B: Eligible Persons

Check any boxes that apply:

My spouse died due to a service-connected disability

My spouse has (or late spouse had) a 100% permanent service-connected disability

My spouse is on active duty and for over 90 days has been:

- Missing in action
- Captured by a hostile force
- Held by a foreign government or power

- If any boxes are checked, go to **Section D**
- If none apply, go to **Section C**

## Section C: Additional Populations

Check any boxes that apply:

- I'm wounded/ill/injured and being treated at a military hospital or or warrior transition unit
- I am the spouse or family caregiver for a wounded/ill/injured service member receiving treatment at a military treatment facility
- I'm within 1 year of separation or 2 years of retirement, and I've completed part of the Transition Assistance Program (TAP)

- If any boxes are checked, go to **Section E**
- If none apply, please stop here

## Section D: Additional Qualifying Situations

Only complete this Section if directed here from **Section A** or **Section B**. Check any boxes that apply:

- I have a disability (including service-connected or other conditions that limit my daily life)
- I served during the Vietnam era
- I was discharged within the last 3 years
- I was referred by the U.S. Department of Veterans Affairs (VA) for employment services
- I am homeless or at risk of becoming homeless
- I am a survivor of domestic violence with no safe housing
- I have a criminal record or need help due to past justice involvement
- I am between the ages of 18–24
- I am without a high school diploma or GED
- I receive public assistance (SNAP, TANF, SSI, etc.) or did in the past 6 months
- My family income is low (ask staff for help if unsure)
- I am unemployed and ready to work
- I am a single parent

- If any boxes are checked, go to **Section E**
- If none apply, please stop here. You qualify for Priority of Service and LVER services

## Section E: Signature

If you were directed here, you're eligible for help from a Veteran Employment Specialist (DVOP). If you would like to receive individualized veteran services, sign below to confirm your answers are true to the best of your knowledge.

**Signature:**