



FOR OFFICE USE ONLY

Initials of Reviewing Manager: _____

Referred to: ES ☐ Vel Rep ☐

Is the Veteran registered in IJL:

YES ☐ NO ☐

IL Part ID: _____ (required field)

U. S. Military Veteran's Information and Assessment Form

~All fields MUST be completed~

Purpose: To provide better and more directed employment services for veterans. The information on this form will be kept confidential. IDES staff must complete the Assessment Interview on the back of this form.

PRINT CLEARLY

Date: _____		
Name: _____		SSN: _____ - _____ - _____
Address: _____		
City: _____	State: _____	Zip Code: _____ - _____
Phone: (____) _____		E-Mail: _____

1. Circle your branch of service and indicate the type of duty: Branch of Service: <u>Army</u> / Marines / Navy / Air Force / Coast Guard Type of Duty: <u>Active</u> / Reserve / National Guard		
2. Dates of ACTIVE Military Service - From: ____/____/____ To: ____/____/____ ~as noted on your DD-214/215~ MM / DD / YY MM / DD / YY Note: Basic and Advanced Individual Training does NOT count as an Active Duty time!		
3. Is your military discharge - DISHONORABLE?	Yes	No
4. Do you have a "VA Service-Connected" disability rating of 0% or above, or were you released from the military with a medical discharge? Rating ____%	Yes	No
5. Have you plead guilty to or been convicted of a criminal offense other than a minor traffic violation?	Yes	No
6. Are you staying at a shelter, or do you need shelter?	Yes	No
7. Would you like to speak with a Veteran Service Officer to learn more about federal, state, and local veterans' benefits and resources for which you might qualify?	Yes	No
8. Do you want an <u>Employment Specialist</u> to contact you? If YES, I prefer to be contacted via: <u>Phone</u> ☐ <u>Mail</u> ☐ <u>E-Mail</u> : ☐	Yes	No