

## Veteran Intake Form

Rev. 12.5.25

Name: \_\_\_\_\_ Email: \_\_\_\_\_

City of Residence: \_\_\_\_\_ Phone: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Date of Entry: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

Did you serve more than 180 days of **active** Federal service, **not** to include training? ☐ YES ☐ NO

Character of Service at Discharge: ☐ Honorable ☐ Dishonorable ☐ Other (please explain): \_\_\_\_\_

Are you registered in Employ Florida? ☐ YES ☐ NO

**Are you: (Please select all that apply.)**

- ☐ Active duty member who has participated in any part of the Transition Assistance Program (TAP).
- ☐ Active duty member wounded, ill, or injured and is receiving treatment in a Military Treatment Facility (MTF) or a Warrior Transition Unit (WTU).  
\*\*\* This is **not** your local VA clinic. Please see reverse for a list of MTFs and WTUs.\*\*\*
- ☐ Spouse or Family Care Giver of the wounded service member as described above.

**Are you a Veteran who was: (Please check all that apply.)**

- ☐ Discharged or released from Active Duty for sole survivorship.
- ☐ Discharged or released from Active Duty because of a service-connected disability.
- ☐ A member of a Reserve Component under Title 10 (Federally activated) orders, who served during a period of war or in a campaign/expedition for which a campaign badge is authorized and discharged/released with other than a dishonorable discharge.

**Are you a spouse of a veteran who: (Please check all that apply.)**

- ☐ Died of a service-connected disability.
- ☐ Has been declared Missing In Action or was captured in the line of duty by a hostile force or detained in the line of duty by a foreign government or power for a total of more than 90 days.
- ☐ Has a total disability permanent in nature resulting from a service-connected disability **or** who died while a service-connected disability was in existence.

**Are you an eligible Veteran: (Please check all that apply.)**

- ☐ With a service-connected disability rating? \_\_\_\_\_ %
- ☐ Who has a pending VA claim.
- ☐ Who has a disability as defined by the Americans with Disabilities Act?
- ☐ Who is a Vietnam Era Veteran? (2/61 – 5/75)
- ☐ Who was discharged from active duty within the last 36 months.
- ☐ Who was referred by a representative of the Department of Veterans Affairs.
- ☐ Who has experienced justice involvement.
- ☐ Who is between the ages of 18 – 24.
- ☐ Who is experiencing homelessness, in danger of being homeless, or fleeing dangerous conditions.
- ☐ Who lacks a high school diploma or equivalent certificate.
- ☐ Who is economically disadvantaged?
  - ☐ Unemployed
  - ☐ Low income (Refer to income chart) **or** receiving public assistance (SNAP, Cash Assistance, etc.)
  - ☐ Head of single-parent household containing at least one dependent child

**Family Size**

**Annual Income**

1

\$15,558

2

\$25,541

3

\$35,056

4

\$43,280

5

\$51,081

6

\$59,742

7

\$68,403

8

\$77,065

**I am interested in the following services: (Please check all that apply.)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Community Supportive Services | <input type="checkbox"/> Job Referrals            | <input type="checkbox"/> Interest/Aptitude Assessments |
| <input type="checkbox"/> Workforce Preparation         | <input type="checkbox"/> Resume Assistance        | <input type="checkbox"/> Job Search Assistance         |
| <input type="checkbox"/> Career Planning               | <input type="checkbox"/> Labor Market Information | <input type="checkbox"/> Interviewing Skills           |

**Customer Participant Statement**

**By signing below, the customer self-attests and acknowledges their status as chosen in the above sections.**

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

CSOW is an equal-opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers on this document may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711.

\*\*\*\*\* This project is supported by the Veteran Employment and Training Service (VETS) Jobs for Veterans State Grants of the U.S. Department of Labor as part of awards totaling \$203,212, with 0% financing from non-governmental sources.

<b><u>Military Treatment Facilities:</u></b> Lyster Army Health Clinic (AL) Naval Hospital Camp Pendleton (CA) Walter Reed National Military Medical Center (Bethesda, MD) William Beaumont Army Medical Center (Fort Bliss, TX) Womack Army Medical Center (Fort Bragg, NC) Wright-Patterson Medical Center (Wright-Patterson Air Force Base, OH)	<b><u>Soldier Recovery Unit (fka Warrior Transition Unit) Locations:</u></b> Fort Belvoir, VA Fort Bliss, TX Fort Campbell, KY Fort Carson, CO Fort Hood, TX Fort Drum, NY Fort Bragg, NC Fort Benning, GA Fort Riley, KS Fort Stewart, GA Joint Base Lewis-McChord, WA Joint Base San Antonio, TX Schofield Barracks, HI Walter Reed National Military Medical Center, MD
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**Staff Use Only**

- Is the customer an eligible person?      ☐ YES      ☐ NO
- Does the eligible person have a Qualifying Employment Barrier?      ☐ YES      ☐ NO
- Have you completed:
- ☐ Activity Service Code 189 – Priority of Service
  - ☐ 189 Case Note Attached?
  - ☐ Activity Service Code 013 - Obtaining Customer Authorization for Services
  - ☐ Activity Service Code 102 - Initial Assessment
  - ☐ Activity Service Code 120 - Use of Resource Room
  - ☐ Activity Service Code 159 - Initial Intake Screening – DVOP Services
  - ☐ 159 Case Note Attached, to include:
    - ☐ Eligibility identifier
    - ☐ QEB
    - ☐ ***Want*** to receive DVOP services?
    - ☐ DVOP referred to: \_\_\_\_\_
  - ☐ Sent an email notification to the DVOP?