



Minnesota Veteran Questionnaire

TO BEST SERVE YOU, 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: _____ Military Service Dates: From _____ To _____

		PLEASE CIRCLE	
1.	Do you have a service connected disability rated 10% or higher from the Veterans Administration, or have you filed a claim for a service connected disability?	YES	NO
	Were you discharged or released from active duty because of service-connected disability?	YES	NO
2.	Have you left the military within the past three years AND been unemployed for at least 27 weeks at any time in the past year?	YES	NO
3.	Are you homeless? OR lacking a fixed, regular, adequate nighttime residence? OR is your primary nighttime residence a shelter?	YES	NO
	Based on section 103 of the McKinney-Vento Homeless Assistance Act, are you fleeing or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions in your current housing situation, including where the health and safety of children are jeopardized, and you have no other residence and you lack the resources or support networks to obtain other permanent housing.	YES	NO
4.	Are you 18 to 24 years old?	YES	NO
5.	Is your education level less than a high school diploma or GED?	YES	NO
6.	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 the chart below?	YES	NO
7.	Are you an offender who is currently incarcerated or have you been released from incarceration?	YES	NO
8.	Have you participated in the Transition Assistance Program, and <i>been identified as in need of additional career services</i> ?	YES	NO
9.	Are you an active service member who is ill, or wounded and receiving treatment in a military treatment facility or warrior transition unit?	YES	NO

For spouses of military members and veterans:

1.	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?	YES	NO
2.	Are you the spouse or other family caregiver of a wounded, ill or injured active duty member?	YES	NO

INCOME LEVEL		
Family Size:	Metro Area	Non-Metro
1	\$ 9,111	\$ 9,006
2	\$14,931	\$14,752
3	\$20,498	\$20,252
4	\$25,300	\$24,998
5	\$29,860	\$29,505
6	\$34,919	\$34,504

Metro area counties include:
Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Washington

FOR STAFF USE ONLY		
DATE RECEIVED:	RECEIVED BY:	REFERRED TO:
ADDITIONAL STAFF NOTES:		