



## VETERANS AND ELIGIBLE SPOUSES PRIORITY OF SERVICE ACKNOWLEDGEMENT

### VETERANS AND ELIGIBLE SPOUSES PRIORITY OF SERVICE RIGHTS

Under the Jobs for Veterans Act and the Workforce Innovation and Opportunity Act (WIOA), as a veteran or eligible spouse of a veteran, you have rights to priority of service. These rights include:

- The right at the first point of application for WIOA or other workforce services, to be identified as a veteran or eligible spouse and having the rights to priority of service;
- The obligation of the service provider to inform you of all program services available to you including the full array of employment, training and placement services provided; and
- The right to be informed about any applicable eligibility requirements for workforce programs and/or services.

You must meet all the eligibility requirements for a program to be entitled to rights to priority of service within that program's group of participants.

**Do any of the following options describe you?**

- Yes, <=180 Days. I served in the active U.S. military, naval, or air service for a period of less than or equal to 180 days, and I was discharged or release from such service under conditions other than dishonorable.
- Yes, Eligible Veteran. I served on active duty for over 180 days and was discharged or released with other than a dishonorable discharge; or was discharged or released because of a service connected disability; or as a member of a reserve component under an order to active duty, served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized, and was discharged or released from such duty with other than a dishonorable discharge.
- Yes, Other Eligible Person. I am the spouse of one of the following:
- a veteran who died on active duty or of a service-connected disability;
  - an active member of the Armed Forces who is missing in action, has been captured in the line of duty by a hostile force, or is being forcibly detained or interned by a foreign government or power for at least 90 days;
  - a veteran who has been evaluated by the Department of Veterans Affairs as having a total disability resulting from service; or
  - a veteran who died while a disability was in existence.
- No, none of the above describe me.

**Is today the first date on which you have interacted with the workforce system, either at a physical location (American Job Center) or through an electronic resource (JobCenterofWisconsin.com)?**

- Yes       No. My first interaction with the workforce system was on \_\_\_\_/\_\_\_\_/\_\_\_\_.

**Attention Eligible Spouses: STOP form here and proceed to signature.**

**Disabled Veteran: Do you meet one of the conditions below?**

- Yes. I served on active duty in the US armed forces and am entitled to compensation regardless of rating; **OR** I would be entitled to such compensations but for the receipt of military retirement pay; **OR** I was discharged or released from active duty because of a service-connected disability.
- Yes, Special Disabled. I served on active duty in the US armed forces and am entitled to compensation (or would be, but for the receipt of military retirement pay) under laws administered by the DVA for a disability rated at 30% or more; **OR** for a disability rated at 10 or 20% and have been determined by DVA to have a serious employment handicap.
- No. I do not meet any of the above conditions.

**Are you currently homeless? (Homeless is defined as lacking a fixed, regular, and adequate nighttime residence.)**     Yes     No

**Are you enrolled in the Homeless Veterans' Reintegration Program (HVRP), Incarcerated Veterans Transition Program (IVTP), or Homeless Female Veterans and Veterans with Families (HFVWF) Reintegration Program?**

- Yes. Please list grant number or program service provider: \_\_\_\_\_.     No.



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I acknowledge that I have read, understand, and received a copy of the Employ Milwaukee Veterans and Eligible Spouses Priority of Service Policy and the Employ Milwaukee Veterans and Eligible Spouses Priority of Service Acknowledgement and Verification Form. I certify that the information provided on this document is true and accurate to the best of my knowledge and belief.

|                                 |                                  |
|---------------------------------|----------------------------------|
| <b>Participant Printed Name</b> | <b>Participant Date of Birth</b> |
| <b>Participant Signature</b>    | <b>Date Signed</b>               |

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**TSEEM CEEB!** Daim ntawv no muaj ib **cov lus tseem ceeb** qhia paub txog koj cov cai, cov luag hauj lwm thiab/los yog cov kev pab. Nws yog ib qho tseem ceeb uas koj yuav tau to taub cov lus nyob hauv daim ntawv no, thiab peb yuav muab tau cov lus no txhais ua koj hom lus yam koj tsis tau them nyiaj dab tsi. **Hu rau (414)-270-1726** yog xav tau kev pab kom muab cov lus nyob hauv daim ntawv no txhais rau koj kom koj to taub.