MILITARY SERVICE QUESTIONNAIRE
(SPOUSE OR CAREGIVER)

The information on this form is being requested on a voluntary basis for the sole purpose of determining the applicant's qualification to receive intensive services offered by a Veterans' Career Advisor under the Jobs for Veterans' State Grant. This information will be kept confidential and be used only in accordance with law. Refusal to provide the information will not subject the customer to any adverse treatment. Information on disabilities is requested for use solely in connection with efforts to give priority to persons with disabilities.

1. APPLICANT INFORMATION

Name: _____ **Date:** _____

Address: _____ **City:** _____

Phone #: _____ **Email:** _____

2. ELIGIBLE SPOUSE/PERSON

A. Do *any* of the following apply? ☐ **Yes** ☐ **No**

- You are the spouse of any person who died of a service-connected disability.
- You are the spouse of any person who has a total disability, permanent in nature, resulting from a service-connected disability.
- You are the spouse of any member of the Armed Forces serving on active duty, who, for a total of more than 90 days was:
  - Classified as Missing In Action (MIA),
  - Captured in the line of duty by a hostile force, or
  - Forcibly detained or interned in line of duty by a foreign government or power.

B. Do *any* of the following apply? ☐ **Yes** ☐ **No**

- You are the caregiver of a wounded, ill or injured service member who is in a military hospital or Warrior Transition Unit, and are one of the following:
  - The spouse of the service member.
  - A family member of the service member.
  - Not a spouse or family member of the service member but lives with the service member.

MWA STAFF USE ONLY

Reviewing Staff Member: _____

Customer OSMIS ID: _____ **Date Referral Service entered into OSMIS:** _____

Referred to: _____

- *If 2A is answered "Yes", refer to VCA; reason will be "Other."*
- *If 2B is answered "Yes", refer to VCA; reason will be "Wounded/Ill/Injured or Caretaker."*