



VETERAN SELF-ATTESTATION

State Form 56716 (5-19)

DEPARTMENT OF WORKFORCE DEVELOPMENT

Welcome to the WorkOne / American Job Center

As a Veteran and/or eligible spouse, you may be entitled to additional intensive services to assist you in your employment search.

Are You a Prior Military Service Member Who...

1. Served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge; ☐ YES ☐ NO
2. Was discharged or released from active duty because of a service-connected disability; ☐ YES ☐ NO
3. Was a member of a reserve component under an order to active duty pursuant to section 12301(a), or (g), 12302, or 12304 of title 10, 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 ☐ NO
4. Was discharged or released from active duty by reason of a sole survivorship discharge (as that term is defined in section 1174(i) of title 10); ☐ YES ☐ NO

Are you the Spouse of a Veteran with any of the following conditions?

1. Any veteran who died of a service-connected disability; ☐ YES ☐ NO
2. Any member of the Armed Forces serving on active duty who, at the time of application for the priority, is listed in one or more of the following categories and has been so listed for a total of more than ninety (90) days;
 - a. Missing in action; ☐ YES ☐ NO
 - b. Captured in the line of duty by a hostile force; ☐ YES ☐ NO
 - c. Forcibly detained or interned in the line of duty by a foreign government or power; ☐ YES ☐ NO
3. Any veteran who has a total disability resulting from a service-connected disability, as evaluated by the Department of Veterans Affairs or any veteran who died while such a disability was in existence; ☐ YES ☐ NO

See reverse side for a list of special circumstances that entitles Eligible Veterans and/or Eligible Spouses to Intensive Services from dedicated WorkOne staff members.

Significant Barrier to Employment (SBE)

An eligible veteran or eligible spouse is determined to have a significant barrier to employment if he or she attests to belonging to at least one of the twelve criteria below:

*Please select either "yes" or "no" for each of the Significant Barrier to Employment (SBE) to determine eligibility for **Disabled Veterans' Outreach Program specialist (DVOP)** Individualized Career Services.*

1. Are you a special disabled or disabled veteran, as defined in 38 U.S.C § 4211(1) and (3)?
 - a. Are you entitled to compensation (or but for the receipt of military retired pay would be entitled to compensation) under the laws administered by the secretary for a disability?
 - i. Is your disability rating 30% or more; or ☐ YES ☐ NO
 - ii. Is your disability rating 10% or 20% and determined a serious employment handicap? ☐ YES ☐ NO
 - b. Were you discharged or released from active duty because of service connected disability? ☐ YES ☐ NO
2. Are you a homeless person, as defined in Section 103(a) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11302(a) and (b), as amended)? ☐ YES ☐ NO
3. Are you a recently-separated service member, who at any point in the previous twelve (12) months has been unemployed for twenty-seven (27) or more weeks? ☐ YES ☐ NO
4. Are you an offender, as defined by the Workforce Innovation and Opportunity Act (WIOA) Section 3 (38) 1, who is currently incarcerated or who has been released from incarceration? ☐ YES ☐ NO
5. Are you lacking a high school diploma or equivalent certificate? ☐ YES ☐ NO
6. Are you a low-income individual (as defined by WIOA Section 3 (36))? ☐ YES ☐ NO
7. Are you between the ages eighteen (18) and twenty-four (24)? ☐ YES ☐ NO
8. Are you a Veteran Affairs Vocational Rehabilitation and Employment Chapter 31 Veteran? ☐ YES ☐ NO
9. Are you a Transitioning Service Member in need of Individualized Career Services? ☐ YES ☐ NO
10. Are you a wounded, ill, or injured Service Member receiving treatment at Military Treatment Facilities (MTFs) or Warrior Transition Units (WTUs)? ☐ YES ☐ NO
11. Are you the spouse or family care-giver of such wounded, ill, or injured Service Member? ☐ YES ☐ NO
12. Served any part of active military, naval, or air service during the Vietnam era (2/28/1961 – 5/7/1975)? ☐ YES ☐ NO

I attest that I am a Veteran or eligible spouse with at least one or more of the special circumstances listed above and I am in need of Individualized Career Services as a part of my overall assistance toward employment.

Print Name

Signature of Veteran or Eligible Spouse

Telephone Number

E-mail Address

Please check the appropriate status below and enter today's date:

☐ VETERAN ☐ ELIGIBLE SPOUSE

DATE (MM/DD/YY) ____/____/____