

# Veterans and Eligible Spouses or Persons Triage Form



**COLORADO**  
Department of  
Labor and Employment

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*“This form is used to determine your eligibility for additional services and is intended solely to provide priority to Eligible Veterans and Eligible Spouses or Persons that meet certain criteria. This information is being requested on a voluntary basis and will be kept confidential. Refusal to provide the information will not subject you to any adverse consequences.”*

<b>Veteran Status:</b> Have you served on active duty 181 or more days <u>and</u> do you have other than a dishonorable discharge? OR answer yes if: Exclusions to 181 day minimum active duty requirement: a) was discharged or released from active duty because of a service-connected disability b) was a member of a reserve component under an order to 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 or c) was discharged or released from active duty by reason of a sole survivorship discharge	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>Additional Services Referral Checklist</b>	<b>Yes</b>	<b>No</b>
Do you have a service connected disability? ( <i>Entitled to compensation from the VA or was discharged or released from active duty for a service connected disability?</i> )	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently homeless?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a recently-separated service member, who at any point in the previous 12 months has been unemployed for 27 or more consecutive weeks?	<input type="checkbox"/>	<input type="checkbox"/>
Are you an offender who is currently incarcerated or who has been released from incarceration?	<input type="checkbox"/>	<input type="checkbox"/>
Do you lack a high school diploma or equivalent certificate?	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive public assistance under one or more federal, state, or local income based public assistance programs; ex: TANF, SNAP (food stamps), SSI, or GA?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a veteran between the ages of 18-24 years old?	<input type="checkbox"/>	<input type="checkbox"/>
Are you within 24 months of retiring from military service or within 12 months of separating from military service and have been through a TAP?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a Wounded Warrior assigned to a Wounded Warrior Transition unit or the caregiver for a Wounded Warrior?	<input type="checkbox"/>	<input type="checkbox"/>
Are you the spouse of: 1) a totally disabled or deceased veteran whose disability or death was service-connected, or 2) a service member who was listed for 90 or more days as missing in action or forcibly detained by a foreign power or hostile entity while serving on active duty?	<input type="checkbox"/>	<input type="checkbox"/>

**“Thank you for your service to our country”**

