

Veterans' Priority of Service Screening Form

Customer's Name _____ Date _____

If you think you may qualify to receive Veterans' Priority of Service please complete this form and place it in the designated collection point at the reception desk so the staff can determine how best to serve you.

Veterans' Priority of Service – To qualify, at least one criteria listed below must be met.

Veteran: For the purposes of Priority of Service, the broad definition of Veteran as found in 38 U.S.C. 101(2) is used:

1. The term "Veteran" means a person who served at least one day in the active U.S. military, naval, or air service, and who was discharged or released under conditions other than dishonorable, as specified in 38 U.S.C. 101(2).
2. Active service includes full-time Federal service in the National Guard or a Reserve component.
3. This definition of "active service" does not include full-time duty performed strictly for training purposes (i.e., that which often is referred to as "weekend" or "annual" training), nor does it include full-time active duty performed by National Guard personnel who are mobilized by State rather than Federal authorities (State mobilizations usually occur in response to events such as natural disasters).
4. **Spouse:** A spouse of any one of the following individuals:
 1. Any Veteran who died of a service-connected disability;
 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 listed for a total of more than 90 days:
 - A. Missing in action;
 - B. Captured in line of duty by a hostile force; or
 - C. Forcibly detained or interned in the line of duty by a foreign government or power;
 3. Any Veteran who has a total disability (100%) resulting from a service-connected disability, as evaluated by the Department of Veterans' Affairs; or
 4. Any Veteran who died and a total disability (service connected), as evaluated by the Department of Veteran Affairs was in existence.

Are you a Veteran?	YES	NO
Dates of Active Military Service? _____ to _____ Month / Day / Year Month / Day / Year		
Are you the spouse of a 100% disabled Veteran?	YES	NO
Are you the surviving spouse of a 100% disabled Veteran?	YES	NO

Note: If you answered "yes" to any of the questions above, please place the completed form in the designated collection point. You may qualify to receive Veterans' Priority of Service.

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