Student Name: Date:

Follow-up Questions for Student Enrollment

<u>Di</u>	sab	<u>ility Status</u>	
Ca	tego	ory of Disability (select all that apply):	
Impairment is primarily physical, due to a chronic health condition			
Impairment is primarily physical, including mobility			
	_ Be	ecause of a mental illness, psychiatric disability, or emotional condition, the participant has serious	
difficulty concentrating, remembering, or making decisions			
Participant is blind or has serious difficulty seeing			
Participant is deaf or has serious difficulty hearing			
Participant has a learning disability			
Participant has a cognitive or intellectual disability			
	Participant does not wish to disclose his/her category of disability		
.,			
		an Status	
		lity:	
1.		180 Days: The participant is a person who served in the active U.S. military, naval, or air service for a	
	•	riod of less than or equal to 180 days, and who was discharged or released from such service under nditions other than dishonorable. Yes No	
	COI	iditions other than dishonorable. — res — No	
2.	Eli	gible Veteran: The participant served on active duty for a period of more than 180 days and was	
	dis	charged or released with other than a dishonorable discharge; \mathbf{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		
	pursuant to section 167(a), (d), or (g), 673 (a) of Title 10, U.S.C., 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		
	rei	eased from such duty with other than a dishonorable discharge. Yes No	
3.	Ot	her Eligible Person: Does the participant meet any of the following criteria?	
		the spouse of any person who died on active duty or of a service connected disability	
	b.	the spouse of any member of the Armed Forces serving on active duty who at the time of application	
		for assistance under this part, is listed, pursuant to 38 U.S.C 101 and the regulations issued there	
		under, by the Secretary concerned, in one or more of the following categories and has been so listed	
		for more than 90 days: (i) missing in action; (ii) captured in the line of duty by a hostile force; or (iii)	
	_	forcibly detained or interned in the line of duty by a foreign government or power	
	C.	the spouse of any person who has a total disability permanent in nature resulting from a service connected disability or the spouse of a veteran who died while a disability so evaluated was in	
		existence.	
		☐ Yes ☐ No	

Student Name: Date:

Veteran Status (continued)

Disabled Veteran:

1.	The participant is a veteran who served on active duty in the U.S. armed forces and who is entitled to compensation regardless of rating (including those rated at 0%); or who but for the receipt of military retirement pay would be entitled to compensation, under laws administered by the Department of Veterans Affairs (DVA); or was discharged or released from activity duty because of a service-connected disability. Disabled \square Yes \square No		
2.	The participant is a veteran who served on active duty in the U.S. armed forces and who is entitled to compensation (or who, but for the receipt of military retirement pay would be entitled to compensation) under laws administered by the DVA for a disability, (i) rated at 30 percent or more or, (ii) rated at 10 or 20 percent in the case of a veteran who has been determined by DVA to have a serious employment handicap. Special Disabled \square Yes \square No		
Date of Military Separation			
<u>M</u>	igrant and Seasonal Farmworker		
1.	Seasonal Farmworker: The participant is a low-income individual (i) who for the 12 consecutive months out of the 24 months prior to application for the program involved, has been primarily employed in agriculture or fish farming labor that is characterized by chronic unemployment or underemployment; and (ii) faces multiple barriers to economic self-sufficiency. □ Yes □ No		
2.	Migrant and Seasonal Farmworker: The participant is a seasonal farmworker and whose agricultural labor requires travel to a job site such that the farmworker is unable to return to a permanent place of residence within the same day. ☐ Yes ☐ No		
3.	Dependent of a Migrant or Seasonal Farmworker ☐ Yes ☐ No		
Me	ethod of Interview: In-person Interview Phone Interview		
 Sta	aff Name (Printed) Staff Name (Signature)		
 Date			