

Veteran Priority Workforce Investment Act (WIA) Program Services Form

Name:		<u> </u>	
LAS	Т	FIRST	
Indicate the	e type of Veteran that i	s receiving Priority for Services:	
		served in the active military, naval, or air service, and m such service under conditions other than dishonorable	
		veteran who applies for participation under WIA Adult ge or release from active military, naval, or air service; or	
☐ The sp	oouse of:		
0	A veteran who died of a ser	rvice connected disability;	
0	A member on active duty who (at time of spouse's application) is listed as missing in action, capture in the line of duty, or forcibly detained; or		
0	A veteran with a total disab while being evaluated for it.	ility from a service connected disability or one who died	
PARTICIPA	NT		
	that I am a Veteran or an eli Training services through the	igible spouse of a Veteran and I have been given priority e WIA program.	
Signature:		Date:	
CAREER AD	OVISOR		
	that I have given priority to ensive/Training services thro	the above named Veteran or eligible spouse of a Veteran ugh the WIA program.	
Signature:		Date:	