

Veterans Outreach Program Spouse or Parent Preference Application Form

A surviving and non-remarried spouse of a veteran who suffered a service-connected death, or the present spouse of a veteran who suffered a service-connected disability that prevents the veteran from qualifying for state government employment, is entitled to the same veteran status and veterans employment preference to which the veteran would have been entitled.

One parent of an unmarried veteran who suffered a service-connected death, or disability that prevents the veteran from qualifying for state government employment, is entitled to points added to a passing score.

NOTE: IF A VETERAN HAS CLAIMED VETERANS STATUS FOR EMPLOYMENT PREFERENCE IN STATE GOVERNMENT ON A STATE OF ILLINOIS EMPLOYMENT APPLICATION or IS CURRENTLY WORKING IN STATE GOVERNMENT, NO ADDITIONAL POINTS CAN BE GRANTED TO THE VETERAN'S SPOUSE OR PARENT.

Please indicate the following that is relevant to yourself:

LAST NAME	FIRST NAME	MI	SOCIAL SECURITY NUMBER
STREET ADDRESS	CITY	STATE	ZIP CODE

✓ Check one of the following about yourself:

- ☐ Spouse of a veteran with a permanent and totally disabling service-connected disability.
- ☐ Surviving and non-remarried spouse of a deceased veteran whose death was service connected.
- ☐ Parent of an unmarried veteran who suffered a service-connected death or a service-connected disability.

✓ Check the following boxes that correspond to your situation:

- ☐ The veteran currently receives disability assistance from the Veterans Administration.
- ☐ The veteran claimed veterans' status and veterans' employment preference on a State of Illinois Employment Application.
- ☐ The veteran is employed by Illinois state government.
- ☐ The veteran's disability prevents the veteran from qualifying for state government employment.

Indicate the following information about the veteran:

VETERAN'S NAME

LAST

FIRST

MI

VETERAN'S DATE OF BIRTH

SOCIAL SECURITY NUMBER

MO

DAY

YEAR

_____-_____-_____
- - -

VETERAN'S SPOUSE OR PARENT CLAIMING PREFERENCE

LAST

FIRST

MI

_____-_____-_____
SOCIAL SECURITY NUMBER

DATE OF VETERAN'S MARRIAGE

PLACE OF MARRIAGE

MO

DAY

YEAR

CITY

COUNTY

STATE

DATE VETERAN ENTERED MILITARY SERVICE

DATE VETERAN WAS DISCHARGED

MO

DAY

YEAR

MO

DAY

YEAR

VETERAN'S VA DISABILITY NUMBER

DATE OF VETERAN'S DEATH

PLACE OF VETERAN'S DEATH

MO

DAY

YEAR

CITY

STATE

IMPORTANT NOTE: Documentation must be submitted showing the disabled veteran is currently receiving assistance from SMC-L Veterans Administration for a permanent and total service-connected disability and the veteran's military discharge papers (certified DD214/NGB22), marriage certificate, and death certificate of the veteran stating service-related death if applicable.

I certify that the information which I provided on this questionnaire is true and correct to the best of my knowledge.

(SIGNATURE OF THE PERSON COMPLETING THIS QUESTIONNAIRE)

(DATE OF SIGNATURE)

If veterans' preference is claimed based on the status of a living totally disabled veteran, and the veteran has provided consent for a spouse or parent to claim those points, the veteran forfeits the ability to use their own preference points. Veteran signature of forfeiture below:

(SIGNATURE OF THE VETERAN FORFEITING VETERAN POINTS)

(DATE OF SIGNATURE)