

## DRAFT: KYNECT-A-VET Nominating Application

Please complete this application to nominate an eligible veteran for the KYNECT-A-Vet Program. The form must be fully completed and submitted by the designated deadline for consideration.

Agency Name	<hr/>		
Agency Address	<hr/>		
Nominating Employee Name	<hr/>		
Title	<hr/>	Phone	<hr/>
Email	<hr/>		

### Veteran Information:

Full Name	<hr/>
Branch of Service	<hr/>
Date of Birth	<hr/>
Last 4 of SSN	<hr/>
Phone	<hr/>
Email	<hr/>
Primary Language	<hr/>

### Race

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian                               |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Hispanic or Latino                  |
| <input type="checkbox"/> Middle Eastern or North African  | <input type="checkbox"/> Native American or Pacific Islander |
| <input type="checkbox"/> White                            |  |

### Gender

- |                               |                                 |                                |
|-------------------------------|---------------------------------|--------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Other |
|-------------------------------|---------------------------------|--------------------------------|

## Program Eligibility

Complete the following section in consultation with the veteran being nominated:

Yes

No

☐☐

Veteran nominees must have a status other than Dishonorable Discharge as verified on the DD214.

The veteran is aged 60 or older; **OR** the veteran is of any age with a specified Traumatic Brain Injury as defined by KRS 211.470(3) which states:  
“Traumatic Brain Injury” means a partial or total disability caused by injury to the central nervous system from physical trauma, damage to the central nervous system from anoxia, hypoxic episodes, allergic conditions, toxic substances, or other acute medical clinical incidents resulting in impaired cognitive abilities or impaired physical functioning.

☐☐

The veteran is a resident of Kentucky.

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The veteran has a government issued phone or other smart mobile device.

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There are barriers to the veteran accessing needed services.

If yes, select from drop down box.

Barriers

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How did you hear about the KYNECT-A-Vet Program?

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My signature serves as a declaration that the information contained in this application is accurate and true to the best of my knowledge.

Nominating Employee Signature

Printed Name

Date

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**IMPORTANT NOTE:** Please submit all fully completed applications to the secured email box listed below. No other forms of submittal will be accepted.

kynectavet@ky.gov