



VREC INTAKE FORM

All information collected is **CONFIDENTIAL**, used only for VREC purposes.

Veteran Resource & Enrichment Center, (VREC) Inc., is a 501c3 non-profit, offering a unique experience to Veterans & their family, by providing kind-hearted transition management to enhance well-being. To receive services, provide proof of military service &/or verification of Veteran/family status. Veteran/immediate family have priority to services & activities.

STATUS: Veteran Family of Veteran Volunteer Other _____

SECTION 1: CLIENT PERSONAL INFORMATION:

NAME (First & Last):	
ALIAS (prefer to be called):	
PHONE #:	
EMAIL:	
ADDRESS:	
DOB:	SSN (need for services):
SERVICE DOG: <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME OF DOG:
RELATIONSHIP TO VETERAN:	

SECTION 2: RESOURCES: VREC can help you connect with resources, fill out to help us serve you better.

How did you learn about us: VA Radio Media Friend Other _____

What is your purpose in life? _____

What are your skills? _____

Resources you are seeking: _____

Volunteer Clothing Housing Food VA/Claim/DD214 Job Socializing
 Relaxation Household/Furniture Legal County Benefits Financial Spiritual
 Transportation Medical Enrichment Medical Assistance/HCD

- | | |
|------------------------------------|--|
| Food Assistance (EBT, SNAP) | Housing Assistance |
| Supplemental Security Income (SSI) | Social Security Disability Income (SSDI) |
| Refugee Assistance | Temporary Assistance for Needy Families (TANF) |
| General Assistance (cash) | Medical Assistance |
| Child Care Subsidy | Free/Reduced School |
| Diversified Work Program | Other |

SECTION 7: RECOVERY

Yes, How long? _____ Anniversary Date: _____
No, but I would like resources regarding recovery.
N/A

What is the primary substance that you're in recovery from?

- Alcohol
- Cocaine
- Heroin
- Methamphetamine
- Other Opiates
- N/A

What age did you begin using the primary substance you're in recovery from? _____

SECTION 8: ACKNOWLEDGEMENT AND CERTIFICATION:

All information provided is true and accurate to the best of my knowledge. _____ DATE

Signature of Veteran, Family, or Volunteer

Signature of VREC Advocate

SECTION 9: VREC USE ONLY

- 1. Proof of Military Service:** CVSO (if necessary)
- Copy of military member's discharge paperwork
 - Copy of Veteran's Death Certificate
 - Copy of Veteran's VA Health ID Card
- 2. Proof of MN Residency:**
- Copy of Driver's license
 - Copy of Minnesota ID card
- 3. Other documents on file:**
- Copy of Healthcare Directive
 - Copy of _____
 - Other _____
 - Other _____