

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 V	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: Yes No	NAME OF DOG:			
RELATONSHIP TO VETERAN:				
SECTION 2: RESOURCES: VREC can h	elp 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:				
Relaxation Household/Furnit	sing Food VA/Claim/DD214 Job Socializing ure Legal County Benefits Financial Spiritual Enrichment Medical Assistance/HCD			
Supplemental Security Income (SSI) S Refugee Assistance General Assistance (cash) I Child Care Subsidy	Housing Assistance Social Security Disability Income (SSDI) Femporary Assistance for Needy Families (TANF) Medical Assistance Free/Reduced School Other			

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SECTION 3: VETERAN MILITARY SERVICE: (complete about Veteran's Service)

Browsh of Comices O Arrow O NG (Bosonia O Air Force O Marine Come O Nove O Const Cuard				
Branch of Service: Army NG/Reserve Air Force Marine Corps Navy Coast Guard				
Dates of Military Service: Space Force				
Combat: Yes No If yes, which conflict:				
Discharge type: Honorable General Medical Bad Conduct Other Than Honorable Dishonorable				
VA Service-Connected Disability %: Never applied Denied 0% 10-20% 30-40% -60% 70-90% 100%				
SECTION 4: DEMOGRAPHICS:				
Sex: Male Female Identify as:				
ge:				
Marital Status: Married Widowed Divorced Separated Never Married				
Children: Yes No Names:				
How many? Age Range: 0-2yr 3-6yr 7-12yr 13+yrs Adults				
Are you Employed?				
Who is your employer?				
Highest Education:				
Race: Caucasian Black/African American Latino/Hispanic Alaskan Native				
Native American Pacific Islander/Hawaiian Asian Other				
SECTION 5: MENTAL HEALTH:				
Participation in enrichment activities outside your home, weekly? 0-1 2-4 5-7				
When you do engage in activities rate how anxious/nervous you feel when around other people?				
Rate (calm) 1 2 3 4 5 (anxious)				
Have you ever been diagnosed with a mental condition? If yes, select all that apply (if not skip to next				
question.)				
Anxiety and/or Mood Disorder ADD or ADHD Depression PTSD Eating Disorder				
Personality Disorder Other Prefer not to say				
SECTION 6: CRIMINAL HISTORY None				
Misdemeanor				
Gross Misdemeanor:				
Felony:				
Probation Officer:				
Phone:				
Parole Officer:				
Phone:				

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	n?	
Cocaine		
Heroin		
Methamphetamine		
Other Opiates		
N/A		
What age did you begin using the primary substance	you're in recovery fror	m?
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		
U Other		
Other		