



# 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:

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

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

<b>How did you learn about us:</b> <input type="checkbox"/> VA <input type="checkbox"/> Radio <input type="checkbox"/> Flyer <input type="checkbox"/> Friend <input type="checkbox"/> Paper <input type="checkbox"/> Other _____
<b>Resources you are seeking:</b> _____
<input type="checkbox"/> Volunteer <input type="checkbox"/> Clothing <input type="checkbox"/> Housing <input type="checkbox"/> Food <input type="checkbox"/> VA/Claim/DD214 <input type="checkbox"/> Job <input type="checkbox"/> Socializing <input type="checkbox"/> Relaxation <input type="checkbox"/> Household/Furniture <input type="checkbox"/> Legal <input type="checkbox"/> County Benefits <input type="checkbox"/> Financial <input type="checkbox"/> Spiritual <input type="checkbox"/> Transportation <input type="checkbox"/> Medical <input type="checkbox"/> Enrichment
<b>Skills:</b> _____

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

<b>Branch of Service:</b> <input type="checkbox"/> Army <input type="checkbox"/> NG/Reserve <input type="checkbox"/> Air Force <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard
<b>Dates of Military Service:</b> _____ <input type="checkbox"/> Space Force
<b>Combat:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which conflict: _____
<b>VA Service-Connected Disability %:</b> <input type="checkbox"/> Never applied <input type="checkbox"/> Denied <input type="checkbox"/> 0% <input type="checkbox"/> 10-20% <input type="checkbox"/> 30-40% <input type="checkbox"/> 50-60% <input type="checkbox"/> 70-90% <input type="checkbox"/> 100%

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SECTION 4: DEMOGRAPHICS:

Sex:  Male  Female  Identify as: \_\_\_\_\_

Age:  18-29  30-39  40-49  50-61  62-69  Over 70

Marital Status:  Married  Widowed  Divorced  Separated  Never Married

Children:  Yes  No Names/Ages: \_\_\_\_\_

Are you Employed?  Full time  Part time  Seeking Job  Retired  Other \_\_\_\_\_

Highest Education:  High School  College  Seeking GED  Other \_\_\_\_\_

Race:  Caucasian  Black/African American  Latino/Hispanic  Alaskan Native  
 Native American  Pacific Islander/Hawaiian  Asian  Other \_\_\_\_\_

SECTION 5: ACTIVITY:

How many times a week do you participate in activities outside of your home?  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)

SECTION 6: 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 7: 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 \_\_\_\_\_

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