

Date: _____



Name (First Last): _____ Phone Number: _____

Address: _____

E-mail: _____

DOB: _____ SSN: _____

Veteran Family of Veteran Volunteer Other: _____

MILITARY SERVICE: Army National Guard/Reserve Air Force Marine Corps Navy Coast Guard

Dates of service: _____ Combat: No Yes Conflict: _____

Honorable General Medical Bad Conduct Other Than Honorable Dishonorable

VA Service-Connected Disability: % _____ Never applied Denied None Service Dog Need VSO

RESOURCES SEEKING: Volunteer Clothing Food Employment Financial Housing Enrichment

Legal/Notary/POA/Will Medical/HCD Moving Transportation Household/Furniture VA/Claim/DD214

County Benefits SSI/SSDI Other: _____

What is your purpose in life?

_____ What are your skills?

_____ Emergency Contact:

_____ Phone Number: _____ **DOCS ON FILE:**

Discharge VA ID Card Drivers License/ID Card HCD Will/POA WHK Med. Marijuana

DEMOGRAPHICS: Age: _____ Sex: Male Female Identify as: _____

Marital Status: Married Widowed Divorced Separated Never married

Children: Yes No Age: 0-2 3-6 7-12 13+ Adults

Employment status: Full time Part time Seeking job Retired VAIU Disability

Employer Name: _____

Education: High School College Seeking GED

Race: Caucasian Black/African American Latino/Hispanic Alaskan Native Native American

Pacific Island/Hawaiian Asian

RECOVERY: Alcohol RRTP _____ Last date used _____

Substance: Cocaine Heroin Methamphetamine Opiates Marijuana

Mental health: Anxiety/Mood Disorder AD/HD Depression PTSD Eating Disorder Personality Disorder

Other medical conditions: _____

How many times a week do you participate in enrichment outside of your home? 0-1 2-4 5-7 8+

When engaging in activities how anxious/nervous do you feel around other people? (calm) 1 2 3 4 5 (anxious)

CRIMINAL HISTORY: None Felony: _____

Gross Misdemeanor: _____ Misdemeanor: _____

Probation officer: _____ Phone: _____

Parole officer: _____ Phone: _____

Rental history: _____ Credit history: _____