Assessment Form

Name: Last:	First:			MI:		
Social Security Number:		Age:	_ I	OOB:/_	/	
If you reside in a City Shelter, S	oup Kitchen, Rehab	facility, Commu	nity facility	of Licing on t	the Streets please	
specify:						
Address:	City:		State:	Zip:		
Tele #:	Alternate #:		Ema	il:		
Gender: ☐ Male ☐ Fema	le					
Marital Staus: Married	☐ Single ☐ S	eparated Div	vorced [Widowed		
Ethnic Group: Afro-American	n 🗌 Caucasian	Hispanic	Other: _			
Dependent Children: Tes	□ No Child	Support Issues:	Yes [No		
Source of Income: Social Sec	eurity 🔲 Unemplo	yment DP.	A 🔲 Oth	ier:		
Income per Month:	Do	you have a VA D	isability cla	im in: 🗌 Yes	s □ No	
Branch of Service ☐ United States Army ☐ United States Air Force ☐ United States Marines ☐ United States Navy ☐ United States Coast Guard		Type of Discharge Honorable General (Und Other than Ho Bad Conduct Dishonorable	er Honorabl onorable	e Conditions)		
Dates of Service: From/	/ to	/ /				
 □ Special Connected Disable (more) □ Campaign Wartime: Circle Persit Vietnam Storm 	Disability 30% or □ □ if applicable an Gulf/ Desert n	10-20% Barrier to employ Operation Iraq Freedom	ment Korean (ly Separated Operation En Freedom	during	
Highest Level of Education or ty	pe of Trade school:					
				lled in CareerI Ves		
Employment Status: Unemployment	oyed Full-Tin	ne Part Time		Yes		
Disabilities:						
•	illness	☐ Hepatitis	Other:			
Current Clean Time:						
_		f yes type of Conv				
Currently on: Probation (Dat						
Have you been homeless for mo	re than one continu	ous year or had 4	episodes of	homelessness	in the past 3 yea	rs?YES or NC
Source of referral:						
☐ VA facility ☐ Newspaper ☐	☐ Radio ☐ Flyer ☐	Agency Wor	d of Mouth	Other:		
Participant signature:			Date:	/	/	