

IMPACT

Veteran Services Intake Form

Name and Demographics

First Name:

Last Name:

Social Security #:

Admission Date:

Phone #:

Email address:

Race:

Ethnicity (Hispanic or not Hispanic):

Gender:

Religious affiliation (if applicable):

Marital status:

Number of dependents:

Highest Level of Education Completed:

Income

Monthly Income:

Source of Income:

Approximately how long have you had this source of income:

Veteran Information

Military Branch:

Enlistment Date:

Discharge Date:

DD214 Character of Service:

Campaign if applicable:

If multiple enlistments, provide additional information here:

Homelessness History

Time homeless prior to this program:

Reason for homelessness:

Prior living arrangement (where did you stay before coming to present facility?):

Why have you chosen Impact's Veteran Housing Program as a housing option?

Emergency contact

Name:

Phone number:

Address:

Email:

Relationship to you:

Additional information if necessary:

Health

Do you have a physical disability? Yes No

If yes, are you receiving treatment? Yes No

Do you have a developmental disability? Yes No

If yes, are you receiving treatment? Yes No

Nature of disability above (if applicable):

Do you currently have a chronic health condition? Yes No

If yes, are you receiving treatment? Yes No

If yes, nature of the condition:

Do you currently have HIV/AIDS? Yes No

Do you currently have mental health challenges? Yes No

Do you have a mental illness diagnosis? Yes No

If yes, what diagnosis do you have?

If yes, are you receiving treatment? Yes No

Do you suffer from drug abuse? Yes No

Do you suffer from alcohol abuse? Yes No

If yes, please provide information about substance abuse (drug of choice, treatment history, time sober/clean) here:

Are you a victim/survivor of domestic abuse? Yes No

If yes, how long ago was the last occurrence?

Is there anything else you would like your case manager to know about your health?