



Client Application-Outreach Programs-Intake/Assessment

Vet ID #: _____ Marital Status _____ M,S,D,W Spouses Name: _____ Emergency Contact: _____ Home Phone: _____ Cell Phone: _____ email: _____ Phone #: _____ Cell #: _____ Relationship: _____	Type of ID Provided: DD-214 Military ID VA Card Other Form of ID
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Date of Birth: _____ Sex: Male Female Last 4 digits of SS#: _____	Are you Employed?: _____ Yearly Household Income?: _____ # of Family Members Living w/you _____	Ethnicity: Af Am Native Am Asian Other: _____ Caucasian Hispanic
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Programs Interested In: Troops In Transit Program Food Pantry Hale to The Arts ReAdjustment & Combat Counseling Case Management Services Resource Center YOGA Other Do you Require Wheel Chair? no/yes	Highest Level of Education: Grades 1-12 Masters Assoc. PHD BA/BS
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Other Community Services Client is Using or Needs to Be Set Up Employment Finance Education Housing Legal Benefits	Housing: Own Live with Family Rent Other (specify) _____ Homeless
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Era of Service: WWII Lebanon OIF Korea Persian Gulf Peace Time Vietnam OIF Other	Date Of Enlistment: _____ Date of Discharge: _____ Type of Discharge: _____	Branch of Air Force Army Marines Coast Guard Navy Other (specify) _____
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Client Goals and Service	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;">Date</td> <td style="width: 40%; border-bottom: 1px solid black;">Productivity Activity Type</td> <td style="width: 30%; border-bottom: 1px solid black;">Regarding</td> </tr> </table>	Date	Productivity Activity Type	Regarding
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Discharge
 NHVOC will provide services for _____ or until _____. At this point, NHVOC will re-assess the client's situation and goals. When NHVOC services have ended, staff will follow up with client in 30 days and again in 60 days.

Client Signature	Date	Employee Signature	Date
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