

# Upstate Warrior Solution Warrior Profile

Today's Date: \_\_\_\_\_

|  |        |   |                     |
|--|--------|---|---------------------|
| <b>Profile</b>   |        |   |                     |
| How did you hear about UWS?  |        | Social Security Number (last four):             |                     |
| Full Name (First, MI, Last):   |        | Phone Number:                                   |                     |
| Email Address:   |        | Date of Birth:                                  |                     |
| Gender:  |        | Race:   |                     |
| Marital Status:  |        | Number of Children in Household:                |                     |
| Address:   |        |   |                     |
| City:  | State: | Zip:  | County:             |
| Total Household Income:  |        |   |                     |
| <b>Military Service</b>  |        |   |                     |
| Current Status:  |        |   |                     |
| Last/Current Rank/Pay Grade Held in Military:  |        |   |                     |
| Service Dates (MM/DD/YY – MM/DD/YY):   |        |   |                     |
| Were you ever deployed to a Combat Zone?   |        | If so, where?                                   |                     |
| Branch of Service:   |        |   |                     |
| Service Component:   |        |   |                     |
| Type of Discharge:   |        |   |                     |
| <b>Are you interested in volunteering at Upstate Warrior Solution?</b>   |        |   |                     |
| If yes, in what way?   |        |   |                     |
| <b>Warrior Background Summary (Military Occupational Specialty, overseas tours, split service dates, etc.)</b> |        |   |                     |
|  |        |   |                     |
| Mode of Transportation:  |        |   |                     |
| <b>Housing</b>   |        |   |                     |
| Current Living Conditions:   |        | Homeless:                                       | Last Date Homeless: |
| Other(Family/Friend, Hotel, Shelter):  |        | Has valid driver's license:                     |                     |
| Would you like UWS to contact you for housing assistance?  |        |   |                     |
| <b>Employment</b>  |        |   |                     |
| Employment Status:   |        |   |                     |
| Are you currently seeking employment?  |        |   |                     |
| Do you have a current and resume?  |        | Would you like assistance updating your resume? |                     |
| If seeking, what types of employment interest you?(Top 3)  |        |   |                     |
| If seeking, required minimum salary:   |        |   |                     |
| Would you like UWS to contact you for employment assistance?   |        |   |                     |

| <b>Education</b>   |  |                          |                               |                                       |        |   |   |   |   |
|--|--|--------------------------|-------------------------------|---------------------------------------|--------|---|---|---|---|
| Are you currently enrolled in school?  |  |                          |                               | If so, where?                         |        |   |   |   |   |
| If you are enrolled in school and using VA Education Benefits (GI Bill) which chapter are you using? |  |                          |                               |                                       |        |   |   |   |   |
|  |  |                          |                               |                                       |        |   |   |   |   |
| Are you eligible for the Post 9/11 GI Bill?  |  |                          |                               | Highest level of education completed: |        |   |   |   |   |
| Would you like UWS to contact you for education assistance?  |  |                          |                               |                                       |        |   |   |   |   |
| <b>Healthcare and Benefits</b>   |  |                          |                               |                                       |        |   |   |   |   |
| Are you eligible for Tricare?  |  | Enrolled in Tricare?     |                               | Other Health Insurance?               |        |   |   |   |   |
| Are you eligible for VA Healthcare?  |  |                          | Enrolled in VA Healthcare?    |                                       |        |   |   |   |   |
| Are you enrolled in eBenefits?   |  |                          | Service-Connected Disability? |                                       |        |   |   |   |   |
| Disability Percentage:   |  | Combat-Related?          |                               | Types of Injuries?                    |        |   |   |   |   |
| Would you like UWS to contact you for healthcare and benefits assistance?                            |  |                          |                               |                                       |        |   |   |   |   |
| <b>Family Support Programs</b>   |  |                          |                               |                                       |        |   |   |   |   |
| Would you like someone to contact your spouse/ caregiver about Family Support Programs?              |  |                          |                               |                                       |        |   |   |   |   |
| Please list spouse/ caregiver: Name:   |  |                          | Phone:                        |                                       | Email: |   |   |   |   |
| <b>Warrior Questionnaire (Please select the most applicable answer for each question)</b>            |  |                          |                               |                                       |        |   |   |   |   |
| 1-Strongly Agree; 2-Agree; 3-Unsure; 4-Disagree; 5-Strongly Disagree; 6-Decline to Answer            |  |                          |                               |                                       |        |   |   |   |   |
| 1. I am able to adapt when changes occur   |  |                          |                               | 1                                     | 2      | 3 | 4 | 5 | 6 |
| 2. I feel supported by the holistic approach UWS provides through community resources                |  |                          |                               | 1                                     | 2      | 3 | 4 | 5 | 6 |
| 3. I tend to bounce back after illness, injury, or other hardships                                   |  |                          |                               | 1                                     | 2      | 3 | 4 | 5 | 6 |
| <b>Staff/ Volunteer Follow Up</b>  |  | <b>INTERNAL USE ONLY</b> |                               |                                       |        |   |   |   |   |
|  |  |                          |                               |                                       |        |   |   |   |   |