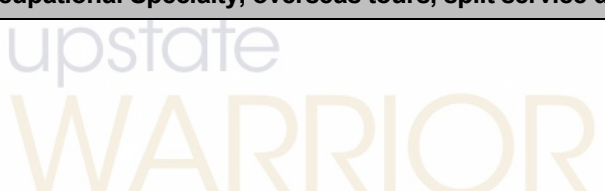


Upstate Warrior Solution Warrior Profile

Today's Date: _____

Profile			
How did you hear about UWS?		Social Security Number (last four):	
Full Name (First, MI, Last):		Phone Number:	
Email Address:		Date of Birth:	
Gender: Female Male Transgender		Race:	
Marital Status: Married Divorced Separated Single Widowed		Number of Children in Household:	
Address:			
City:		State:	Zip:
County:			
Total Household Income: Under \$25,000 \$25,000-\$35,000 \$35,000-\$45,000 \$45,000 and Above			
Military Service			
Current Status: Still Active Discharged Medically Retired/Separated Retired			
Last/Current Rank/Pay Grade Held in Military:			
Service Dates (MM/DD/YY – MM/DD/YY):			
Were you ever deployed to a Combat Zone? Yes No If so, where?			
Branch of Service: Air Force Army Coast Guard Navy Marines			
Service Component: Active Duty National Guard Reserve			
Type of Discharge: Hon Gen OTH BCD DD Admin			
Are you interested in volunteering at Upstate Warrior Solution? Yes No			
If yes, in what way?(Circle all that apply) Warrior Mentor Events/Outreach Administrative/Office Other:			
Warrior Background Summary (Military Occupational Specialty, overseas tours, split service dates, etc.)			
			
Mode of Transportation: Privately Owned Vehicle Public Transport Walk Bicycle			
Housing			
Current Living Conditions: Rent(Home/Apt) Own		Homeless: Yes No Last Date Homeless:	
Other(Family/Friend, Hotel, Shelter):		Has valid driver's license: Yes No	
Would you like UWS to contact you for housing assistance? Yes No Notes:			
Employment			
Employment Status: Employed Unemployed Retired Unable to Work(SSD/IU) Other:			
Are you currently seeking employment? Yes No If seeking, what is projected start date?			
Do you have a current and resume? Yes No Would you like assistance updating your resume? Yes No			
If seeking, what types of employment interest you?(Top 3)			
If seeking, required minimum salary:		(Hourly or Yearly) (Full-time or Part-time)	
Would you like UWS to contact you for employment assistance? Yes No Notes:			

Education						
Are you currently enrolled in school? Yes No			If so, where?			
If you are enrolled in school and using VA Education Benefits (GI Bill) which chapter are you using?						
Chapter 1606 (Guard/Reserve)	Chapter 1607 (Guard/Reserve Deploy)	Chapter 30 (Montgomery)	Chapter 31 (VocRehab)	Chapter 33 (Post 9-11)	Chapter 35 (Survivor)	
Are you eligible for the Post 9-11 GI Bill? Yes No Highest level of education completed:						
Would you like UWS to contact you for education assistance? Yes No Notes:						
Healthcare and Benefits						
Are you eligible for Tricare? Yes No		Enrolled in Tricare? Yes No		Other Health Insurance? Yes No		
Are you eligible for VA Healthcare? Yes No		Enrolled in VA Healthcare? Yes No				
Are you enrolled in eBenefits? Yes No Not Sure						
Do you have a Service-Connected Disability? Yes No			Types of Injuries:			
Disability Percentage:			Combat-Related? Yes No			
Would you like UWS to contact you for healthcare and benefits assistance? Yes No Notes:						
Family Support Programs						
Would you like someone to contact your spouse/ caregiver about Family Support Programs?						Yes No
Please list your spouse/caregiver: Name:						
Phone:			Email:			
Is your spouse a current or former member of the US military? Yes No						
Warrior Questionnaire (Please select most applicable answer for each question)						
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
Staff/ Volunteer Follow Up INTERNAL USE ONLY						
<input type="radio"/> Education _____ <input type="radio"/> Housing _____ <input type="radio"/> Healthcare & Benefits _____ <input type="radio"/> Employment _____ <input type="radio"/> WWP _____ <input type="radio"/> Volunteering _____ <input type="radio"/> Other _____						
NOTES:						