

Upstate Warrior Solution Referral Form

Demographics			
Date of Referral:		Last Four of SSN:	
Full Name (Last, First):		Phone Number:	
Email Address:		Date of Birth:	
Gender: Male Female Transgender		# of Children in Household:	
Marital Status: Married Divorced Single Engaged Widowed			
Address:			
City:	State:	Zip:	County:
Military Service Data			
Current Status: Still Active Discharged Medically Retired/Separated Retired			
Service Dates (MM/DD/YYYY -- MM/DD/YYYY):			
Where you ever deployed to a Combat Zone? Yes No			If yes, where?
Branch of Service: Army Navy Air Force Marines Coast Guard			
Service Component: Active Duty Reserves National Guard			
Type of Discharge: Honorable General OTH BCD DD Admin			
What can Upstate Warrior Solution do for you? (Brief Description of Requested Services)			
Referral Source			
<p>I request and authorize the release of information specified above between the parties identified below and Upstate Warrior Solution. I certify that this request has been made voluntarily and without coercion. I may revoke this request at any time in writing by emailing info@upstatewarriorsolution.com. Further, I may have (or request at anytime) a copy of this referral. The purpose of this referral is for the coordination of care, services, and resources and can include both written and verbal information. This authorization does not cover the release of Drug Abuse, Alcohol Abuse, HIV, or Sickle Cell; authorization for the aforementioned items can require a VA Form 10-5345 (Request for and Authorization to Release Medical Records or Health Information). This form is intended to generate a referral and initiate services as coordination between the identified organizations.</p>			
<input type="checkbox"/> VAMC <input type="checkbox"/> County VA Office <input type="checkbox"/> Other:			
<input type="checkbox"/> Vet Center <input type="checkbox"/> DAV			Warrior Signature
<input type="checkbox"/> VA Form 10-5345 Attached			Date:
Internal Use Only			
Signature of Referring Partner:			
Name of Referring Partner:		Referring Organization:	