

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:		
Sex: Male Female Other			Race:		
Marital Status: Single Married Divorced Separated Widowed			Number in household:		
Address:					
City:		State:	Zip:	County:	
Total Household Income: Under \$25K \$25K-\$35K \$35K-\$45K \$45K+ Decline to Answer					
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					
Warrior Background Summary (Military Occupational Specialty, overseas tours, split service dates, etc.)					
Mode of Transportation: Privately Owned Vehicle Public Transit Shared Transit Bicycle Uber/Lyft None					
Housing					
Current Living Conditions: Rent Own Treatment Facility Incarcerated Family/Friend Shelter					
Homeless: Yes No Last Date Homeless:			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:					
Do you have a current resume? Yes No			Would you like assistance updating your resume? Yes No		
Do you want to be connected to Veterans ASCEND? 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

Which education benefit are you eligible for?

Chapter 1606 NG/Reserve	Chapter 1607 REAP	Chapter 31 Voc. Rehab	Chapter 33 Post 9/11	Chapter 35 Survivor / DEA	Not Eligible for Benefit
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Where are you enrolled in school? 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

Disability Percentage: **Combat-Related?** Yes No **Types of Injuries:**

Would you like UWS to contact you for healthcare and benefits assistance? Yes No **Notes:**

Are you connected to mental health resources? Yes No

Do you want to be connected to mental health resources? Yes No

Emergency Contact

Name: **Phone Number:**

Address: **Relation:**

Support Programs

Are you interested in spouse/caregiver Family Services Programs? Yes No

Spouse/Caregiver Name: **Email:**

Phone: **Anniversary Date:** **Spouse former member of the US military?** Yes No

Kids Names & Ages:

Is your spouse/caregiver interested in Family Services Programs? Yes No

Are you interested in volunteering for Upstate Warrior Solution? Yes No

Are you interested in receiving recreation opportunities? 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	2	3	4	5	6
1. I am able to adapt when changes occur						
2. I feel supported by my community						
3. I tend to bounce back after illness, injury, or other hardships						

FOR INTERNAL USE ONLY

Education _____

Housing _____

Healthcare & Benefits _____

Employment _____

Volunteering _____

Family Support _____

NOTES

Release of Information

I request and authorize the release of the above information between community partners, other external agencies, and Upstate Warrior Solution. I also authorize UWS to contact my stated Emergency Contact in case of an emergency, such as suicidal or homicidal behavior. 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.org. The purpose of this referral is for the coordination of care, services, and resources and can include both written, verbal information, as well as other records and information covered by HIPAA and other privacy laws. This form is intended to generate a referral, initiate services, and coordination of care between organizations to provide holistic support.

Sign: _____ **Date:** _____