



Upstate Warrior Solution Family Services Intake



How did you hear about Upstate Warrior Solution?									
Connected Warrior Information: Name:					DOB (MM/DD/YYYY):			Last 4 of SSN:	
Phone Number:			Email Address:				Warrior Deceased Date:		
Mailing Address:						County:			
Justice-Involved Veteran: Y N							Request DD-214: Y N		
Profile									
Name (First, Middle, Last):						Are you a Gold Star or Blue Star Parent? Y N			
Phone Number:			Email Address:						
Demographics									
Gender: Male Female Other				Race:					
Marital Status: Single Engaged Married Separated Divorced Widowed							DOB (MM/DD/YYYY):		
Housing and Transportation									
Address *Only if different from Warrior. (Include Apt. Number):								Homeless: Y N	
City:			State:		Zip code:		County:		
Would you like UWS to contact you for housing assistance? Yes No Notes:									
Current Living Conditions: Rent Own Family/Friend Shelter Treatment Facility Incarcerated									
Mode of Transportation: Privately Owned Shared Public Transport Other							Valid Driver's License: Y N		
Employment									
Employment Status: Employed Unemployed Retired Unable to Work (SSD/IU) Full-time Student									
Where are you employed?									
Employment Type: Full-time Part-time PRN				Does your employer hire veteran/spouses? Y N					
Would you like us to contact you for employment assistance? Y N									
Do you have a current resume? Y N			Would you like UWS to contact you for resume assistance? Y N						
Would you like to receive our weekly employment email? Y N									
Healthcare									
Are you eligible for Tricare? Y N			Enrolled in Tricare? Y N			Are you enrolled in other healthcare? Y N			
Are you eligible for Aid and Attendance? Y N									
Would you like UWS to contact you for healthcare or Aid and Attendance assistance? Y N									
Notes:									
Education									
Highest level of education: HS/GED Associate Degree Bachelor's Degree Master's Degree Doctorate Degree									
What higher education institution(s) did you attend?									
Have you utilized military education benefits? Y N If so, please choose: Chapter 35 Chapter 31 State Voc Rehab									

Have you connected with Folds of Honor? Y N Notes:						
Household Information only						
Number of Children:				Number of Household members:		
Are you a caregiver? Y N		If so, are you a caregiver of a Post-9/11 veteran? Y N				
Total Household Income: Below \$25k \$25k-\$35k \$35k-\$45k \$45k and above Prefer not to answer						
Personal Event/Topics of Interest						
Please mark each type of event or topic you would be interested in attending/learning about:						
<input type="checkbox"/> Crafts for Freedom (various DIY crafts)	<input type="checkbox"/> Family/Marriage Communication	<input type="checkbox"/> Other (please explain):				
<input type="checkbox"/> Cooking/Baking	<input type="checkbox"/> PTSD/TBI					
<input type="checkbox"/> Health and Wellness	<input type="checkbox"/> Domestic Violence					
<input type="checkbox"/> Bereavement/Grief	<input type="checkbox"/> Alcohol/Substance Abuse					
Are you interested in receiving Outdoor Recreation opportunities? Y N If yes, what kind?						
Family Information and Interests						
Child(ren) [names, DOB (MM/DD/YYYY), gender, activities/interests]:						
Dependent(s) [names DOB (MM/DD/YYYY), gender, activities/interest]:						
Spouse/Caregiver 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 can adapt when changes occur.	1	2	3	4	5	6
2. I tend to bounce back after injury, illness, or other hardships.	1	2	3	4	5	6
3. I feel supported by my community.	1	2	3	4	5	6
Volunteer / Fellowship Program						
Are you interested in volunteering with Family Services? Y N If so, how often are you available?						
Are you interested in participating with our Fellowship Program? Y N						
Skills, Certifications, or Professions:						
Please mark each type of volunteering/sponsorship you may be interested in						
<input type="checkbox"/> Facilitate program	<input type="checkbox"/> Donate gift cards (food, gas, etc.)	<input type="checkbox"/> Other (please explain):				
<input type="checkbox"/> Financially sponsor event	<input type="checkbox"/> Special event volunteering					
<input type="checkbox"/> Donate tickets to events	<input type="checkbox"/> Tabling events					
<input type="checkbox"/> Donate accommodations (for trips etc.)	<input type="checkbox"/> Calling/Administrative volunteering					
Release of Information						
Release of Information: I request and authorize the release of the above information between Partner Portal agencies, other external agencies, and Upstate Warrior Solution. I certify this request has been made voluntarily and without coercion. I may revoke this request at any time in writing by emailing info@upstaterwarriorsolution.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.						
UWS Staff/Volunteer Initials: _____		Signature: _____			Date and Time : _____	
Notes (FOR INTERNAL USE ONLY)						