

# Upstate Warrior Solution First Responder Intake

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:	Female	Male	Other	Race:	
Marital Status:	Single	Married	Divorced	Separated	Kid(s) Age:                      Household #:
Address:					
City:		State:	Zip:	County:	
Total Household Income:	Under \$25K	\$25K-\$35K	\$35K-\$45K	\$45K+	Decline to Answer
<b>First Responder Service</b>					
Current Status:	Still Employed	Medically Retired/Separated	Retired/Resigned		
Employer:					
Service Dates (MM/DD/YY – MM/DD/YY):					
Service Component:	Fire Department	Law Enforcement	E.M.S.		
<b>Employment Background Summary</b> (Occupational Specialty, Specialized Training, Leadership Roles, Special Teams)					
Mode of Transportation: Privately Owned Vehicle                      Other					
<b>Housing</b>					
Current Living Conditions:                      Rent                      Own                      Family/Friend					
Has valid driver's license:                      Yes                      No					
Would you like UWS to contact you for housing assistance?					
<b>Employment</b>					
Employment Status:    Employed                      Unemployed                      Retired                      Unable to Work(SSD)					
Do you have a current 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?					
Currently a First Responder?                      No                      Yes					

**Highest Level of Education Completed**

**Degree:** \_\_\_\_\_ **Where are you enrolled in school?** \_\_\_\_\_

**Professional Training or Certificates:** \_\_\_\_\_

**Healthcare**

**Are you eligible for Private Healthcare?** Yes No **Other Health Insurance?** \_\_\_\_\_

**Would you like assistance with trauma or stress related supportive services? Yes or No?**  
\_\_\_\_\_

**Support Programs**

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

Spouse/Caregiver Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_

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

**Are you interested in receiving recreation opportunities?** Yes No

**NOTES**

**Education** \_\_\_\_\_  
**Housing** \_\_\_\_\_  
**Healthcare & Benefits** \_\_\_\_\_  
**Employment** \_\_\_\_\_  
**Volunteering** \_\_\_\_\_  
**Family Support** \_\_\_\_\_

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 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. 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:** \_\_\_\_\_