

# 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   Widowed			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? Yes    No    Notes:					
<b>Employment</b>					
Employment Status:    Employed              Unemployed              Retired              Unable to Work(SSD)              Other:					
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? Yes    No    Notes:					
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?** Yes No

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

**Support Programs**

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

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

Phone: \_\_\_\_\_ Anniversary Date: \_\_\_\_\_

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