

Upstate Warrior Solution Warrior Intake

Staff Initials: _____

Today's Date: _____

Profile

How did you hear about UWS?				SSN:		
Full Name (First, MI, Last):				Phone:		
Email:				DOB:		
Gender: Male Female Other				Race:		
Marital Status: Single Married Divorced Separated Widowed				# in Household:		# Kids:
Address:						
City:		State:		Zip:		County:
Total Household Income: Under \$15K \$15K-\$20K \$20K-\$25K \$25K-\$30K \$30K-\$35K \$35K-\$40K						
\$40K-\$45K		\$45K-\$50K		\$50K-\$55K		\$55K-\$60K \$60K+ \$ _____

Military Service

Current Status: Still Active Discharged Medically Ret./Separated Retired						
Last/Current Rank/Pay Grade:				Service Dates: (MM/DD/YY - MM/DD/YY)		
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						

Housing & Transportation

Current Living Situation: Own/Home Rent/Apt/Home 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:		
Mode of transportation: Privately Owned Vehicle Public Transit Shared Transit Bicycle Uber/Lyft None						

Employment

Employment Status: Employed Unemployed Retired Unable to Work (SSD/IU) Other:						
Do you have a current resume? Yes No						
If seeking, required minimum salary:			(Hourly or Yearly)		(Full-time or Part-time)	
If seeking, what types of employment interest you? (Top 3)						
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
----------------------------	----------------------	--------------------------	-------------------------	------------------------------	-----------------------------

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 & Benefits

Select the VA benefits you have received:

VHA Healthcare	Vet Center	NCA (Burial & Memorial)	VBA Benefits (GI Bill, loan guarantee, compensation, etc.)	None	N/A
----------------	------------	----------------------------	--	------	-----

Last time you received a VA service or benefit (select one): Within the last year More than one year N/A

Do you receive VA Pension? Yes No Pending N/A

Eligible for Tricare? Yes No **Enrolled in Tricare?** Yes No **Other Health Insurance?** Yes No

Are you enrolled in VA.gov? Yes No Not sure **Enrolled in VA Healthcare?** Yes No

Are you eligible for VA Healthcare? Yes No **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 & benefits assistance? Yes No

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

Are you currently experiencing a mental health crisis? Yes No

Do you want assistance with a substance use disorder? Yes No

Emergency Contact

Name: **Phone:** **Relation:**

Support Programs

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

Spouse/Caregiver Name: Email:

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

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

Would you like to be connected with a church or chaplain? Yes No

FOR INTERNAL USE ONLY

Education: _____

Housing: _____

Healthcare & Benefits: _____

Employment: _____

Volunteering: _____

Family Services: _____

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: _____