Veterans Resource Center of America

Client Application

General Information

Application Date: Referring Agency:

Last Name: First Name: M.I.:

Social Security: Date of Birth: Age:

Gender: Male ☐ Female ☐ Other ☐

Ethnicity: ☐ Native American/Alaskan Native ☐ Asian/Pacific Island ☐ Black/African American ☐ Caucasian ☐ Hispanic/Latino ☐ Other

Mailing Address: City: State: Zip:

Physical Address: City: State: Zip:

Home Phone: Message Phone:

Cell Phone: Email:

Alternate Contact: Phone: Relationship:

Personal History

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Unmarried Partner

Number of Dependants: Number under 18: Number Living with you:

Highest Grade Completed: ☐ High School Diploma/GED ☐ No High School Diploma ☐ Vocational/Technical ☐ College AA ☐ College BA ☐ Post Grad/MA/PHD

Military

Branch: ☐ Air Force ☐ Army ☐ Army Reserve ☐ Army Reserve ☐ Marines ☐ Merchant Marine ☐ National Guard ☐ Navy

Service Date From: To: Grade:

Discharge Type: ☐ Honorable ☐ General ☐ Medical ☐ Dishonorable ☐ Administrative ☐ Upgrade ☐ Other than Honorable ☐ Good of Service

Era: ☐ WWII ☐ Korea ☐ Vietnam ☐ Desert Storm ☐ Iraq/Afghanistan ☐ Other ☐ None

Campaign Badge? ☐ OIF Badge ☐ OEF Badge

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Income

Please list your monthly income, and the source (remember to include any food stamps, GA & SSI):

Source of income:	$ Amount Received:
Source of income:	$ Amount Received:
Source of income:	$ Amount Received:
Source of income:	$ Amount Received:

Housing

Are you homeless? Yes ☐ NO ☐ If Homeless, how long?

Reason for being Homeless:

Current Housing: ☐ No Shelter ☐ Short Term Shelter ☐ Friends/Relatives ☐ Transitional ☐ Institution/Treatment ☐ Care Facility ☐ Incarcerated

Facility Name:

☐ Rent Monthly Rent: ☐ Own Mortgage/Payments:

Home type: ☐ Apartment/Condo ☐ Shelter/motel (daily) ☐ Single family home ☐ Street, car, park, etc. ☐ Trailer ☐ Other program housing ☐ Motel/SRO rental ☐ Other

Transportation

Do you Have a valid driver's license? YES ☐ NO ☐ Issuing State:

Expires: Number: Do you have Insurance? YES ☐ NO ☐

What type of transportation is available:

☐ Automobile/Motorcycle ☐ Bicycle ☐ Other ☐ Public Transportation

Barriers/Disabilitie

Criminal History?

Do you have any Criminal Convictions? Yes ☐ No ☐

Misdemeanor ☐ Felony ☐ Child Abuse ☐ Domestic Violence ☐

Number of Misdemeanor Convictions: Number of Felony Convictions: Pending:

Number of times incarcerated: Longest period incarcerated:

Other, non-criminal legal barriers?

Parole Officer: Phone Number

Do any of these Employment Barriers apply? Please check all that apply

☐ Reading/Literacy Skills	☐ Under employed	☐ Excessive Dept/Bankruptcy
☐ Insufficient education or credentials	☐ No drivers license/ID	☐ Back child support
☐ Older Worker	☐ Probation	☐ Parole
☐ Lack of transportation	☐ Lack of stable housing	
☐ Lack of childcare	☐ Unresolved legal issues	
☐ Lengthy unemployment	☐ Felony conviction	
☐ Poor work history	☐ Misdemeanor conviction	

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Barriers/Disabilitie

Are you Disabled? Yes ☐ No ☐

Do any of these Physical Health Disabilities apply? Please check all that apply

☐ Diabeties	☐ Back/Neck	☐ Eye Sight
☐ HIV/HCV/Aids	☐ Other Bone/Joint Injury	
☐ Traumatic Brain Injury (TBI)	☐ Heart/Circulatory	
☐ Hearing	☐ Other Physical Probems	

Do any of these Mental Health Disabilities apply? Please check all that apply

☐ PTSD	☐ Schizophrenia
☐ Anxiety/Depression	☐ Marital/Relationship Problems
☐ Bipolar Disorder	☐ Anger Management
☐ Obsessive-Compulsive Disorder	☐ Oher Mental Problems

Do any of these Substance Abuse Issues apply? Please check all that apply

☐ Drug/Alcohol	☐ PCP
☐ Methamphetamine "Crank"	☐ LSD
☐ Cocaine	☐ Prescriptive Opiates (Vicodin, Morphine, Etc.)
☐ Heroin	☐ Prescription Benzodiazpines(Xanax, Klonopin, ect.)
☐ Ecstasy	☐ Other Substance Abuses
☐ Marjuana	

Are any of the disabilities Service related Yes ☐ No ☐ Rating (If any) %

Are any of the disabilities diagnosed (Third party confirmed) Yes ☐ No ☐

Are any of the disabilities undiagnosed (Observable or Self reported) Yes ☐ No ☐

If diagnosed, is the diagnosed disability Permenant ☐ or Temporary ☐

ASSISTANCE NEEDS

Do you need help with any of the following? Please check all that apply

☐ Benefit Counseling	☐ Education Assistance	☐ Individual Counseling	☐ Transportation
☐ Clothing	☐ Emergency Food	☐ Legal Counseling	☐ Dental work
☐ Crisis Counseling	☐ Employment Assistance	☐ Mental Health	☐ Optometry
☐ Family Counseling	☐ Housing/Shelter	☐ Resume Assistance	☐ Recovery
☐ Employment Workshop	☐ Drug Counseling	☐ Vocational Rehabilitation	☐ Training

Please list any/all other non-listed needs:

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Medication

Were any of the following medications used by you prior to military service?

Opiates		Benzodiazepines	Mood Stabilizers/Anti-psychotics	
☐ Codeine	☐ Oxycontin	☐ Xanax	☐ Valproic Acid	☐ Gabapentin
☐ Morphine		☐ Klonipin	☐ Lithium	☐ Risperdal
☐ Vicodin		☐ Valium	☐ Depakote	☐ Zyprexa
☐ Methadone		☐ Ativan	☐ Lamictal	☐ Seroquel
☐ Fentanyl			☐ Tegretol	

Were any of the following medications used by you during military service?

Opiates		Benzodiazepines	Mood Stabilizers/Anti-psychotics	
☐ Codeine	☐ Oxycontin	☐ Xanax	☐ Valproic Acid	☐ Gabapentin
☐ Morphine		☐ Klonipin	☐ Lithium	☐ Risperdal
☐ Vicodin		☐ Valium	☐ Depakote	☐ Zyprexa
☐ Methadone		☐ Ativan	☐ Lamictal	☐ Seroquel

Were any of the following medications used by you after military service?

Opiates		Benzodiazepines	Mood Stabilizers/Anti-psychotics	
☐ Codeine	☐ Oxycontin	☐ Xanax	☐ Valproic Acid	☐ Gabapentin
☐ Morphine		☐ Klonipin	☐ Lithium	☐ Risperdal
☐ Vicodin		☐ Valium	☐ Depakote	☐ Zyprexa
☐ Methadone		☐ Ativan	☐ Lamictal	☐ Seroquel