



Help A Veteran Everywhere Comprehensive Intake

Last Name, First: _____ **M** **F**
Phone: _____
Email: _____
Secondary POC: _____
Secondary Phone: _____

Date: _____ **DOB:** _____ **SSN:** _____
Race & Ethnicity (Check all that apply):
African American/Black Caucasian/White Asian
American Indian - Alaska Native Hispanic/Latino
Native Hawaiian - Pacific Islander Appalachian

Intake Type		
Walk-in	COS Intake	Vet Info

Preferred Contact		
Email	Text	Call

Branch/Status		
Army	Navy	Air Force
Marines	Coast Guard	Space Force
Active	Guard	Reserves
Spouse/Child	Other:	

Services Needed		
Resume Assist	Housing Ref	Employment Assist
Fed Job USAJOBS	Legal Assist	Intent to File (SCD)
VA Benefits	DD214 Assist	Discharge Upgrade
Other		
Other:		

Era/Combat		
N/A	Korea	Vietnam
Desert Storm	OIF/OEF	Other

Living Status		
Homeless / At Risk	Rent	Own
Address:		
City/State:		Zip:
County:		
HUD-VASH	SSVF	GPD/Shelter
Income Sources:		
Household Size:		

Discharge		
Honorable	Other than Hon	General
Medical	Dishonorable	Bad Conduct

Employment Status

Currently Employed?	Y	N
If Employed:	Full Time	Part Time
Place of Employment:		
Hourly Wage:		
Interested in Finding Better Employment?	Y	N

Would Like Assistance With Finding Employment:			Y	N
Would Prefer:	Full Time	Part Time	NA	
Desired Wage:	\$	(Hourly)	or \$	(Yearly)
Employment (Interested In):				
Experience:				

Dates Of Service (Ex: MM/YYYY - MM/YYYY):			
Rank At Discharge:			
Have DD214	Y	N	
VA Service Connection	Y	N	% TDIU
VA Medical Enrollment	Y	N	Permanent & Total

[OOD]Type of Disability				
Active in OMJ/KCC	Y	N	HVRP:	Y N Undetermined
Highest ED:			Major:	
Substance Abuse:	Alcohol	Opioid	Other	NA
Incarceration:	Y	N	Dates:	

Action Notes:

Resources Provided:

Additional Notes: See 2nd Page

Referring By

Help A Veteran Everywhere LLC
Lexington, KY 40514
Main: 859-320-1982
Email: info@helpaveteraneverywhere.com

Referring Agency

Referring Agency Representative
(Name & Title)

