



Veteran Social Services Inc.

"We've been where you are"

A Veteran Owned 501(C)(3) Non Profit Organization

Veteran Social Services Inc. Intake Form

Last Name: _____ First Name: _____ Middle Initial: _____

Last Permanent Address:

How long since you lived at this address?

Photo ID? No Yes Expiration Date: _____ / _____ ID #: _____

State: _____

Family Type (Check One): (if children, please fill out Family Intake form and 1 Coordinated Assessment Packet per adult)

() Single adult () Couple w/out child(ren) () Single adult w/ child(ren) () Couple with child(ren)

Are you seeking shelter? Y N How many people are you seeking housing for? _____

Email Address: _____ Cell Phone Number: _____

Emergency Contact Person: _____ Emergency Contact Phone Number: _____

Identification: _____ / _____ / _____ () Full SSN Reported () Partial SSN Reported () Don't Know () Refused

Date of Birth: _____ / _____ / _____ () Full DOB Reported () Approximate or Partial DOB () Don't Know () Refused

Race (circle all): Amer. Indian Asian Black/African American White Other _____ Don't Know Refused

Ethnicity (circle): Hispanic/Latino Not Hispanic/Latino Don't Know Refused

Marital Status (circle): Single Divorced Widowed Married Separated

Highest Level of Education: (circle) Some High School Diploma GED College Graduate School

Gender (circle): Male Female Other _____ Don't Know Refused

Veteran Info: When Served and Discharge Info: _____

How long have you been in California?:



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Where were you living before coming to California?:

Where is your nearest family?:

Do you have any family or friends close by you can stay with?:

Do you have a payee/social worker/benefits worker?: _____ Who?:

Where is your payee/social worker/benefits worker?:

Have you ever been in foster care? Yes No Have you recently aged out of foster care? Yes No

What other service providers have you been working with? (If none, why not?) _____

What brings you here/what happened?

Where did you sleep last night:

- Emergency shelter, including hotel paid by ER shelter
- Transitional housing for homeless persons
- Permanent housing for formerly homeless persons
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center
- Hospital (non-psychiatric)
- Jail, prison or juvenile detention facility
- Rental by client, no ongoing housing subsidy
- Owned by client
- Staying or living with a family member
- Staying or living with a friend



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How would you rate your general health right now? Excellent Good Fair Poor Don't Know
Refused

Health Conditions

Do you have a regular doctor? _____ If so, who and where:

When was your last medical exam, physical, or screening?

Are you currently taking any medication? (If so, list) _____

Are you supposed to be taking medication but do not have it? (list)

Do you have any known allergies? No Yes If so, what?

Do you currently use alcohol? No Yes Frequency _____ Are you interested in treatment? _____

Do you currently use drugs? No Yes Frequency _____ Are you interested in treatment? _____

Do you have a history of alcohol or substance abuse? No Yes Length of sobriety _____

Have you ever received treatment for a mental health issue? No Yes

Would you like to talk to someone further about how you feel?

Pregnant: No Yes Don't Know HIV Status: Neg Pos Don't Know Interested in HIV test?
Yes No

Have you applied for disability? Yes No Not Applicable

Is there any other information that would be important to know about your health?

Health Barriers

Physical Health

Has your physical health ever caused you to lose your housing? Yes No

Does your physical health affect your ability to get housing, or limit your housing options? Yes No

Mental Health

Have you ever lost your housing because of your mental health (being hospitalized, having neighbors complain about your behavior because of symptoms, having symptoms that stopped you from taking care of your home etc.)? Yes No

Do you have a mental health issue that currently affects your ability to get housing? Yes No

Substance Use

Has substance use (drugs or alcohol) ever caused you to lose your housing? Yes No

Do you think current substance use affect your ability to get housing? Yes No

Domestic Violence/Abuse

Are you currently fleeing abuse? Yes No

Has domestic violence or abuse ever caused you to lose your housing? Yes No

Have you ever been the victim of domestic violence? Yes No About how long ago?

Income Information

Received any income from any source in the past 30 days? () No () Yes () Don't Know () Refused

Income Sources and Amount Started	No/Yes	Amount/pay period	Date
() Earned Income _____	() No () Yes	_____	____/____/____
() Unemployment Insurance _____	() No () Yes	_____	____/____/____
() Supplemental Insurance Security (SSI) _____	() No () Yes	_____	____/____/____
() Social Security Disability Income (SSDI) _____	() No () Yes	_____	____/____/____
() Veteran Disability Payment _____/____	() No () Yes	_____	____/____
() Retirement Income from SS _____/____	() No () Yes	_____	____/____
() Veteran's Pension _____	() No () Yes	_____	____/____/____



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() Pension from former job () No () Yes _____ / ____/____/

() Other source () No () Yes _____ / ____/____/

Non-Cash Benefits received from any source in past 30 days: () No () Yes () Don't Know () Refused

Source of Non-Cash Benefit Started	No/Yes	Amount	Date
Sup. Nutrition Ass. Program (SNAP): Food Stamps	() No () Yes	_____	____/____/____/
Medicaid Health Insurance Program	() No () Yes	_____	____/____/____/
Medicare Health Insurance	() No () Yes	_____	____/____/____/
Veterans Administration (VA) Medical Services	() No () Yes	_____	____/____/____/
Section 8, public housing, or other ongoing rental assistance	() No () Yes	_____	____/____/____/
Other Source	() No () Yes	_____	____/____/____/

Is there any other information you would like to share with us about your financial situation?

Income Barriers

About how much money can you spend on housing each month right now (please circle one)?

\$0 \$1-100 \$101-200 \$201-300 \$301-400 \$401-500 \$501-600 \$601-700 \$701-800 more than \$801



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Do you need temporary assistance to get or keep housing? Yes No
Do you need permanent assistance to get or keep housing? Yes No

Do you have any of the following (**originals not photo copies**)? **please circle all that apply:**

Birth Certificate State ID Driver's License Social Security Card

Are you a U.S. citizen, or do you have current papers to be here? Yes No

Do you have a full time job? Yes No If so, what is it?

Do you have a steady part-time job? Yes No If so, what is it?

Do you have a working car or other reliable transportation to get to work? Yes No

Do you have a bank account? Yes No Do you have \$500 or more on hand right now? Yes
No

Do you owe money to any of the following? (please circle):

Landlord Water Gas Company Electric Company Phone Company Large Medical Bill
Back Child Support Current Child Support Court Fines Other

Origin of Debt	Yes	No	Amount	Who/What
Landlord			\$	
Utilities			\$	
Child Support			\$	
Justice System			\$	



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Medical			\$	
Other			\$	
TOTAL			\$	

If court fines, what jurisdiction?

What bills do you currently pay every month?

General Notes: