

# INTAKE QUESTIONNAIRE

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
BRANCH OF SERVICE: \_\_\_\_\_ YEARS OF SERVICE: \_\_\_\_\_  
HIGHEST RANK ATTAINED: \_\_\_\_\_ MOS: \_\_\_\_\_  
MARITAL STATUS: \_\_\_\_\_ CHILDREN: \_\_\_\_\_  
PHYSICIAN: (NAME AND NUMBER, IF POSSIBLE) \_\_\_\_\_

1.) HAVE YOU REGISTERED WITH THE VA? (THIS IS REQUIRED TO BE CONSIDERED FOR THE PROGRAM) \_\_\_\_\_  
DO YOU HAVE TRANSPORTATION TO GET TO YOUR APPOINTMENTS) \_\_\_\_\_

2.) DO YOU HAVE REGULAR APPOINTMENTS YOU WILL NEED TO ATTEND? \_\_\_\_\_  
HOW OFTEN? \_\_\_\_\_ HOW DO YOU GET TO THEM? \_\_\_\_\_

3.) WHAT CONTRIBUTED TO YOUR HOMELESSNESS? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.) HAVE YOU MADE AN HONEST EFFORT TO CHANGE YOUR HOMELESSNESS? \_\_\_\_\_  
WHAT STEPS HAVE YOU TAKEN? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5.) WHAT SEEMS TO BE YOUR TOUGHEST OBSTACLE WITH CHANGING YOUR SITUATION? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6.) IF OFFERED A PLACE IN OUR PROGRAM, ARE YOU WILLING TO DO WHAT WE ASK YOU TO DO IN ORDER TO CHANGE YOUR SITUATION? \_\_\_\_\_  
\_\_\_\_\_

7.) DO YOU HAVE FAMILY WILLING TO SUPPORT YOUR EFFORTS? \_\_\_\_ SHALL WE CONTACT THEM? \_\_\_\_\_

8.) DO YOU HAVE ANY MENTAL HEALTH CONCERNS/PROBLEMS? (PTSD, ADD, ADHD, MOOD SWINGS, ETC)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EDUCATION SECTION

- 9.) DID YOU GRADUATE HIGH SCHOOL? \_\_\_\_\_ HAVE YOU TAKEN ANY COLLEGE CLASSES? \_\_\_\_\_
- 10.) DO YOU HAVE A COLLEGE DEGREE? \_\_\_\_\_ WHAT FIELD OR LEVEL OF DEGREE? \_\_\_\_\_
- 11.) HAVE YOU USED YOUR GI/POST 9/11 BENEFITS? \_\_\_\_\_
- 12) WHILE IN THE MILITARY, DID YOU TAKE ANY CLEP COURSES? \_\_\_\_\_
- 13) WHAT CAREER FIELDS WOULD YOU WANT TO PURSUE? \_\_\_\_\_
- 13.) WHAT COLLEGE/UNIVERSITY WOULD YOU LIKE TO ATTEND IF POSSIBLE? \_\_\_\_\_
- 14.) LIST ANY TOPICS OR SUBJECTS YOU'RE INTERESTED IN ? \_\_\_\_\_
- 15.) DID YOU USE ANY TA WHILE IN THE MILITARY? SCHOOL ATTENDED? \_\_\_\_\_
- 16.) DO YOU HAVE ANY SELF IDENTIFYING ISSUES THAT MADE SCHOOL DIFFICULT FOR YOU IN THE PAST? \_\_\_\_\_
- IF YES, PLEASE EXPLAIN: \_\_\_\_\_
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## PROFESSIONAL SECTION

**WE WILL TRY TO ENSURE THAT THERE ARE VARIED INTERESTS OF HANDS ON TRAINING AND OPPORTUNITIES MADE AVAILABLE FOR VETERANS.**

WHAT ARE SOME CLASSES OR TRADE SKILLS YOU WOULD LIKE TO SEE OFFERED ON SITE OR AT COLLEGES YOU ATTEND?

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DO YOU HAVE ANY TRADE SKILLS THAT YOU ARE ABLE TO TEACH TO OTHERS? \_\_\_\_\_

WHAT TRADE(S)? \_\_\_\_\_

WILLING TO TEACH OTHERS? \_\_\_\_\_ IF SO WHAT DAYS/HOURS WOULD YOU BE AVAILABLE FOR CLASSES? \_\_\_\_\_

**(ALL CLASSES MUST BE PREAPPROVED BY DIRECTOR OF VETERAN PROGRAMS TO MAKE SURE SAFETY CONCERNS ARE ADDRESSED BEFORE MATERIALS WILL BE ORDERED)**

1.) ARE YOU CURRENTLY EMPLOYED? \_\_\_\_\_ EMPLOYER NAME AND NUMBER: \_\_\_\_\_

**(DO YOU HAVE RELIABLE TRANSPORTATION TO WORK OR WOULD YOU NEED ASSISTANCE? IF ASSISTANCE IS NEEDED, WE WILL NEED ADVANCE NOTICE TO MAKE ARRANGEMENTS, IT IS NOT OUR RESPONSIBILITY, ITS YOURS)**

2.) DO YOU HAVE A VEHICLE? \_\_\_\_\_ MAKE/MODEL \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_  
IS IT CURRENTLY INSURED/REGISTERED? IF NOT, DO YOU NEED ASSISTANCE MAKING YOUR CAR LEGAL?

3.) DO YOU HAVE A CURRENT RESUME? \_\_\_\_\_

4.) WHAT JOB SKILLS DO YOU HAVE? LEVEL OF EXPERIENCE? \_\_\_\_\_

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## Housing Section

WHAT TYPE OF HOUSING SITUATION WOULD YOU LIKE TO GET INTO? \_\_\_\_\_  
(HOUSE RENT/OWN, MOBILE HOME, APARTMENT)

HAVE YOU EVER USED YOUR VA ENTITELMENTS OR ANY OTHER PROGRAMS TO BUY A HOME? \_\_\_\_\_ WHEN? \_\_\_\_\_

HOW LONG HAS IT BEEN SINCE YOU HAD YOUR OWN HOME/APARTMENT? \_\_\_\_\_

WHAT EXPECTATIONS DO YOU HAVE FROM THE WE GOT YOUR SIX PROGRAM? \_\_\_\_\_

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