

| | | |
|----------------|--------------------------|--------------------------|
| Crisis | <input type="checkbox"/> | <input type="checkbox"/> |
| Emergency | <input type="checkbox"/> | <input type="checkbox"/> |
| Non- Emergency | <input type="checkbox"/> | <input type="checkbox"/> |

S.O.V.A.

Saluting Our Veterans Association

Female Veterans Intake Enrollment Application

www.salutingourveterants.org

infor.salutingourvets@gmail.com

888-495-8387

APPLICANT INFORMATION

| | | | |
|--------------------------------|--|----------------------------------|--------------|
| Name: | | Male:_____ | Female:_____ |
| Date of Birth: | SSN: | Phone: | |
| Current Address: | | | |
| City: | State: | ZIP Code: | |
| Own Rent (Please circle) | Monthly payment or rent: | How long? | |
| Discharge Rank: | Date of Discharge: | DD214# | |
| Honorable: Yes____ No____ | Military Health Benefits: Yes____ No____ | Military Pension: Yes____ No____ | |
| Annual Income: \$ | (SSN) Annual Income \$ | (Pension) Annual Income \$ | (Other) |

DEMOGRAPHIC INFORMATION

| | |
|---|---|
| Homeless (Living w/Family/Friend): Yes____ No____ | Homeless (Living On The Street): Yes____ No____ |
| Living in a shelter: Yes____ No____ How long? | Do You have Food To Eat? Yes____ No____ |
| Are you feel suicidal: Yes____ No____ How Long? | Do You have Clothes to Wear? Yes____ No____ |
| Do you feel threaten: Yes____ No____ | By Whom: (Name) |
| Do you feel safe: Yes____ No____ | Why Not: |
| Do you drink alcohol: Yes____ No____ | How long? How Often: |
| Do you use street/illegal drugs: Yes____ No____ | How long? |
| Do you smoke: Yes____ No____ | How Long: How Often: |

EMERGENCY CONTACT INFORMATION

| | | |
|---|--------|-----------|
| Name of a relative not residing with you: | | |
| Address: | | Phone: |
| City: | State: | ZIP Code: |
| Relationship: | | |

LIST ALL MEDICATION TAKEN (INCLUDE OVER THE COUNTER)

| | | |
|----|-----|-----|
| 1. | 9. | 17. |
| 2. | 10. | 18. |
| 3. | 11. | 19. |
| 4. | 12. | 20. |
| 5. | 13. | 21. |
| 6. | 14. | 22. |
| 7. | 15. | 23. |
| 8. | 16. | 24. |

HEALTH CHALLENGES

| Service Related: | Non-Service Related |
|------------------|---------------------|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| 4. | 4. |
| 5. | 5. |
| 6. | 6. |

