Crisis	
Emergency	
Non- Emergency	

S.O.V.A. Saluting Our Veterans Association

Intake Enrollment Application

www.salutingourvets.org infor.salutingourvets@gmail.com 888-495-8387

888-495-8387					
ΔΡΡΙ	ICANT	INFORMATION			

	AFI	LICA	NT INFORMATION			
Name:		1		Male:	Female:	
Date of Birth:		SSN:			Phone:	
Current Address:		1				
City:		State	e:		ZIP Code:	
Own Rent (Please circle)		Mon	thly payment or rer	nt:	How long?	
Discharge Rank:	Date of Dischar	ge:			DD214#	
Honorable: Yes No Mi	litary Health Bene	efits: Y	′es No	Military Pe	ension: Yes No	
Annual Income: \$ (S	SN) Annual Incor	me \$	(Pe	nsion) Annı	ual Income \$	(O ther)
	DEMC	DGRAP	HIC INFORMATION	N		
Homeless (Living w/Family/Friend):	Yes No	_	Homeless (Living (On The Stre	et):Yes No	
Living in a shelter: Yes No	How long?		Do You have Food	To Eat? Ye	es No	
Are you feel suicidal: Yes No	How Long?		Do You have Cloth	es to Wear	? Yes No	
Do you feel threaten: Yes N	0	By W	Vhom: (Name)			
Do you feel safe: Yes No	Why No	ot:				
Do you drink alcohol: Yes N	0	How	long?	How Ofte	en:	
Do you use street/illegal drugs: Yes	S No				How long?	
Do you smoke: Yes No	How Lo	ona:			How Often:	
	EMERGEN	сү со	NTACT INFORM	ATION		
Name of a relative not residing with	n you:					
Address:					Phone:	
City:		State	e:		ZIP Code:	
Relationship:						
LIS	ALL MEDICATIO	Ν ΤΑΚ	EN (INCLUDE OVER	R THE COUI	NTER)	
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.	3.			
4. 4		4.	4.			
5.		5.	5.			
6.		6.				

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SERVICE REOUEST:

1.Adaptive Equipment	6. Food	11. Transportation			
2.ADL Services	7. Housing	12. Wheelchair			
3.Counseling/Mental Health	8. Pension	13.			
4. Clothing	9. Physical	14.			
5. Dental	10. Prescription	15. Other			

OFFICAL USE ONLY:

MEDICAL/PHYSICAL SERVICES:

SOCIAL SERVICES:

HOUSING SERVICES:

I authorize S.O.V.A. to verify the information provided on this form for the purpose of assisting me to access my benefits as a United States Military Veteran. these include nut not limited to Health/Pension/Housing/ Pharmaceutical /Transportation/Death/Other.

Signature of applicant	Date
Signature of co-applicant, if for joint account	Date