# A.V.C.O./American Veterans Coalition

*P.O. Box 152741, San Diego, CA 92195 • (619) 646-4091*

## *INTAKE FORM*

NAME_____ Soc.Sec.#_____ DATE:_____

ADDRESS_____ CITY_____ STATE_____ ZIP CODE_____

HOME PHONE: ___ ___-_____ MOBILE PHONE ___ ___-_____ WORK:___ ___-_____

BIRTHDATE:___ ___ - - - - AGE:_____ FEMALE:☑ MALE☐ FAX PHONE:___ ___-_____

EMAIL ADDRESS:_____ SERVICE CONNECTED DISABILITY:_____%

FOR:_____ REFERRED BY:_____

SERVICE BRANCH_____ DATE ENTERED_____ DATE RELEASED_____

DISCHARGE TYPE:_____ YEARS SERVED_____

ETHNICITY: ☑ CAUCASIAN ☐ AFRICAN AMERICAN ☐ NATIVE AMERICAN ☐ ASIAN
☐ HISPANIC ☐ LATINO ☐ PACIFIC ISLANDER ☐ ALASKIAN AMERICAN ☐ OTHER

HOMELESS: ☐ YES ☐ NO HOW LONG HOMELESS?___WHERE DID YOU SLEEP LAST NIGHT?_____

HAVE YOU HAD PROBLEMS WITH DRUGS OR MENTAL HEALTH? IF SO WHEN & WHERE WERE YOU TREATED:_____

WHAT PROBLEM(S) DO YOU WISH TO DISCUSS AND HOW CAN WE HELP YOU?:_____