

# Welcome Home Vets of New Jersey

## Intake Form

178 East Hanover Ave., #103-326  
Cedar Knolls, NJ 07927-2013  
Info@WelcomeHomeVetsOfNJ.org



### Information of person applying for Assistance:

How did you hear about us: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse Name if Married: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you have any children under the age of 18?  YES  NO If Yes how many? \_\_\_\_\_

Are you currently receiving any VA benefits? Check One  YES  NO

If Yes, what benefits are you receiving? \_\_\_\_\_

\_\_\_\_\_

Do you currently have an open or pending VA Claim? Check One  YES  NO

If you have an open or pending claim, what benefit are you applying for? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you registered with the VA health care system? Check One.  YES  NO

Are you receiving or in the process of applying for assistance with any other organization (Government or Nonprofit)? Check One  YES  NO

If Yes, which organization(s) and what type of assistance are you applying for?

\_\_\_\_\_

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# Welcome Home Vets of New Jersey CONSENT FORM

## PLEASE READ BEFORE SIGNING (Feel free to ask questions)

I understand that I am receiving assistance with respect to the information I have provided and requests I have made of Welcome Home Vets of New Jersey (hereinafter "WHVNJ"), contained in the WHVNJ Intake Form, of which this Consent is a part.

These services may include legal counseling, health, employment or numerous other types of assistance and/or referrals to other agencies or individuals.

Therefore, I understand that I am freely and voluntarily, and without coercion, waiving any privilege or right of privacy or confidentiality I may have in return for the services and/or assistance being offered, for free, with respect to the needs I have expressed, or which grow out of the matters raised in this Intake Form.

I also understand that WHVNJ often makes referrals to other individuals, agencies, organizations and/or entities who can assist me with matters of concern to me; and, that WHVNJ takes no responsibility for any actions or omissions which may occur in the course of activities relating to such referrals.

I attest that all information provided and statements made are true and correct to the best of my knowledge. Any False information provided may constitute a reason to deny requested assistance.

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Signature

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Print Name

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Date