

# 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? YES NO \_\_\_\_\_

If yes to receiving VA benefits, what benefits are you receiving? \_\_\_\_\_

Do you currently have an open or pending VA Claim? 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? YES NO \_\_\_\_\_

Are you receiving or in the process of applying for assistance with any other organization(government or Nonprofit)? YES NO \_\_\_\_\_

If yes, which organization/s and what type of assistance are you applying for? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### **Military Service Information (Attach a copy DD214)**

Branch \_\_\_\_\_ Dates of Service : \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

### **Description of Services / Assistance needed:**

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### **In Case of Emergency Contact**

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

Relationship to Applicant: \_\_\_\_\_

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

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

**Based on the information above, Welcome Home Vets may need to request additional information.**

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## CONSENT

### **PLEASE READ BEFORE SIGNING (And feel free to ask questions):**

I understand that I am requesting assistance with respect to the information I have provided and requests I have made of Welcome Home Vets Of New Jersey, Inc. (hereinafter "WHV") contained in the WHV Intake Form, of which this Consent is a part. These services may include legal counseling, health, financial, 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 WHV often makes referrals to other individuals, agencies, organizations and/or entities who can assist me with matters of concern to me; and, that WHV takes no responsibility for any actions or omissions which may occur in the course of activities relating to such referrals.

Print Name

Signature