



JOINING COMMUNITY FORCES

CASE INTAKE FORM



Taking Action to Serve America's Military Families

Please remember HIPAA when sharing case information and remove names and other PII so as to keep the case as generic as possible.

Where is the Veteran Currently Living?
Please include City & County.

What branch of service is/was the Veteran in?
What component? (NG/RES/AD)

Is the individual seeking assistance a family member of the Veteran?	YES	If yes, is the Veteran deceased?	YES
	NO		NO

What is/was the Veteran's date(s) of service?
(Start and End Dates)

Did the Veteran deploy? If so, how many times?

What are the date(s) and location(s) of their deployment(s)?

Is the Veteran currently receiving VA benefits?	YES	Has the Veteran applied for benefits ?	YES
	NO		NO

What community resources has the Veteran utilized, if any?

What is the Veteran's discharge status?	Honorable	Dishonorable
	Other than Honorable	Currently Serving

Does this Veteran have any dependents?
If so please list them.

What is the deadline for services needed?

Do I have permission to share this situation with fellow community resources?	Does the veteran have a copy of their DD214 if it is needed?
YES NO	YES NO

What is the immediate need? Please let us know of anything else you can think of that would help us in assisting this Veteran.