

# Elysian Fields



**Transformational Community**  
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## Intake Application - Client Information

<b>First Name, M.I.:</b> _____	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Last Name:</b> _____	<b>Age:</b> _____
<b>Address:</b> _____ _____	<b>Date of Birth:</b> _____
<b>Phone Number:</b> (     ) _____	<b>Country of Birth:</b> _____
<b>Social Security #:</b> _____ - _____ - _____	<b>Immigrant:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, arrival year in US:</i> _____

## Emergency Contact

<b>Name:</b> _____	<b>Relation:</b> _____
<b>Address:</b> _____ _____	<b>Phone:</b> _____

## Military History

<b>Enlistment Date:</b> _____	<b>Era:</b> _____
<b>Discharge Date:</b> _____	<b>Combat Experience:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> <b>Honorable or General (Under Honorable Conditions) Discharge</b>	<b>Explain:</b> _____
<input type="checkbox"/> <b>Other Discharge:</b> _____	<b>Branch:</b> _____

## Current Health Concerns *(check all that apply)*

<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Depression	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Mental Disability	<input type="checkbox"/> PTSD	<input type="checkbox"/> Heart Condition
<input type="checkbox"/> Alcohol Addiction	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Cancer
<input type="checkbox"/> Drug Addiction	<input type="checkbox"/> Fear	<input type="checkbox"/> Other _____
<input type="checkbox"/> Suicidal Thoughts	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Other _____
<input type="checkbox"/> Homicidal Thoughts	<input type="checkbox"/> Hallucinations	

**List Health History or Current Health Concerns:**


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

### Housing History

Duration of current episode of homelessness

(# of days/months/years): \_\_\_\_\_

Last Shelter Name: \_\_\_\_\_

City, State: \_\_\_\_\_

# of Previous episodes of homelessness: \_\_\_\_\_

Approximate total length of homelessness in lifetime: \_\_\_\_\_

### Reasons for Homelessness (check all that apply)

- |   |  |   |                                      |
|---|--|---|--------------------------------------|
| <input type="checkbox"/> Health Issues        | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Sexual Abuse   | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Mental Health Issues | <input type="checkbox"/> Mental Abuse      | <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Drugs                | <input type="checkbox"/> Alcohol           |   | <input type="checkbox"/> Other _____ |

List Housing History (ex. eviction history, unpaid rent, broken leases, back rent owed):


### Legal & Criminal History (To be completed by client)

List Current Legal Issues:


List Criminal History:


### Education History

Last Grade Completed in US: \_\_\_\_\_ Last Grade Completed in Foreign Country: \_\_\_\_\_

#### Schooling Completed

- |  |  |
|--|--|
| <input type="checkbox"/> No High School Diploma                      | <input type="checkbox"/> Associate Degree (2 years beyond H.S.)            |
| <input type="checkbox"/> US High School Diploma                      | <input type="checkbox"/> Bachelor Degree (4 years beyond H.S.)             |
| <input type="checkbox"/> GED   | <input type="checkbox"/> Masters Degree (1 or more years beyond Bachelors) |
| <input type="checkbox"/> Equivalent of HS Diploma in Another Country | <input type="checkbox"/> Doctorate Degree                                  |

Name of country \_\_\_\_\_

Does the Veteran wish to pursue any additional education or training?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

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

### Employment History

**Employment Status:**

- Employed
- Unemployed and Looking for Work (*see below*)
- Unemployed and Not Looking for Work (*see below*)
- Retired or Otherwise Not Looking for Work

**Seeking Employment:**  Yes  No

**Recently Laid off or Fired:**  Yes  No

*If unemployed, reasons for unemployment: (check all that apply)*

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Health Issues          | <input type="checkbox"/> Educational Barriers    | <input type="checkbox"/> Drugs       |
| <input type="checkbox"/> Mental Health Issues   | <input type="checkbox"/> No training             | <input type="checkbox"/> Alcohol     |
| <input type="checkbox"/> Lack of Transportation | <input type="checkbox"/> Insufficient job skills | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Discrimination         |  | <input type="checkbox"/> Other _____ |

### Current Income

**Personal Income:** \_\_\_ \$0 - \$4,999    \_\_\_ \$5,000-\$9,999    \_\_\_ \$10,000-\$14,999    \_\_\_ \$15,000 - \$19,999  
                         \_\_\_ \$20,000-\$29,999    \_\_\_ \$30,000-\$39,999    \_\_\_ Over \$40,000    \_\_\_ Refuses to answer

*Note the total monthly income and the source(s) of income below.*

Employment	\$ _____	VA Disability	\$ _____
Unemployment	\$ _____	VA Pension	\$ _____
GAU	\$ _____	VA Retirement	\$ _____
GAX	\$ _____	Other _____	\$ _____
Retirement	\$ _____	Other _____	\$ _____
Social Security	\$ _____	Other _____	\$ _____
<b>Total monthly income \$ _____</b>			

*List any monthly expenses or financial responsibilities. (Child support, legal expenses,, school loans, etc.)*

_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
<b>Monthly Total \$ _____</b>			

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

### Employment History

<b>Current or Most Recent Employer:</b> _____ City, State: _____	<b>Occupation/Job title:</b> _____
<b>Job Type:</b> <input type="checkbox"/> Full Time (30 or more hrs/wk) <input type="checkbox"/> Multiple Jobs <input type="checkbox"/> Part Time ( less than 30 hrs/wk)	<b>Start Date:</b> (mo/yr) _____
<b>Job Duties:</b> _____ _____	<b>End Date</b> (if applicable): _____
	<b># Hours Per Week</b> _____
	<b>Salary:</b> \$ _____

<b>Previous Employer:</b> _____ City, State: _____	<b>Occupation/Job title:</b> _____
<b>Job Type:</b> <input type="checkbox"/> Full Time (30 or more hrs/wk) <input type="checkbox"/> Multiple Jobs <input type="checkbox"/> Part Time ( less than 30 hrs/wk)	<b>Start Date:</b> (mo/yr) _____
<b>Job Duties:</b> _____ _____	<b>End Date:</b> (mo/yr) _____
	<b># Hours Per Week</b> _____
	<b>Salary:</b> \$ _____

<b>Previous Employer:</b> _____ City, State: _____	<b>Occupation/Job title:</b> _____
<b>Job Type:</b> <input type="checkbox"/> Full Time (30 or more hrs/wk) <input type="checkbox"/> Multiple Jobs <input type="checkbox"/> Part Time ( less than 30 hrs/wk)	<b>Start Date:</b> (mo/yr) _____
<b>Job Duties:</b> _____ _____	<b>End Date:</b> (mo/yr) _____
	<b># Hours Per Week</b> _____
	<b>Salary:</b> \$ _____

<b>Previous Employer:</b> _____ City, State: _____	<b>Occupation/Job title:</b> _____
<b>Job Type:</b> <input type="checkbox"/> Full Time (30 or more hrs/wk) <input type="checkbox"/> Multiple Jobs <input type="checkbox"/> Part Time ( less than 30 hrs/wk)	<b>Start Date:</b> (mo/yr) _____
<b>Job Duties:</b> _____ _____	<b>End Date:</b> (mo/yr) _____
	<b># Hours Per Week</b> _____
	<b>Salary:</b> \$ _____

<b>Previous Employer:</b> _____ City, State: _____	<b>Occupation/Job title:</b> _____
<b>Job Type:</b> <input type="checkbox"/> Full Time (30 or more hrs/wk) <input type="checkbox"/> Multiple Jobs <input type="checkbox"/> Part Time ( less than 30 hrs/wk)	<b>Start Date:</b> (mo/yr) _____
<b>Job Duties:</b> _____ _____	<b>End Date:</b> (mo/yr) _____
	<b># Hours Per Week</b> _____
	<b>Salary:</b> \$ _____

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

### Homeless verification

*Please verify that the Veteran is currently homeless and briefly note factors contributing to homelessness.*


### Needs Assessment

*Please briefly explain any needs the Veteran may have in the following areas.*

<b>Transitional Housing:</b>
<b>Mental Health:</b>
<b>Addiction Recovery:</b>
<b>Employment:</b>
<b>Job Training:</b>

Is the Veteran ready and willing to participate? <input type="checkbox"/> Yes <input type="checkbox"/> No
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### Barriers to housing stability

*Please detail any barriers to housing stability.*


### Barriers to employment stability

*Please detail any barriers to employment stability.*


Signature: \_\_\_\_\_ Date: \_\_\_\_\_