

Personal History

Name _____ D.O.B. _____

Age ____ Born (location) _____ Raised (location) _____

Height _____ Weight _____ Dominant Hand: Right / Left
(circle one)

Never Married __ Married __ Divorced __ Widowed __ Separated __

of marriages _____ Number of Years Married to your current spouse _____

Spouse's Name _____ Occupation _____

Children

of Sons ____ Ages _____ Step-sons ____ Ages _____

of Daughters ____ Ages _____ Step-daughters ____ Ages _____

Number of Children Living With You _____ Ages _____

Family HistoryFather (living) age ____ General health _____ Health issues _____
(good/fair/poor)

(Deceased) Year of death _____ Cause, if known _____

Primary occupation _____

Mother (living) age ____ General health _____ Health issues _____
(good/fair/poor)

(Deceased) Year of death _____ Cause, if know _____

Primary occupation _____

Place in Family _____ # of Brothers _____ # of Sisters _____
(1st, 2nd, etc)**Social Activities/Hobbies** (check all that apply)Participation in an organized religion Yes / No
(circle one)Membership in clubs Yes / No Type _____
(circle one) (car, motorcycle, sports, hobby, etc.)Membership in Veteran organization/s _____
(DAV, VFW, etc.)Volunteer activities Yes / No Type _____
(circle one) (church, Habitat for Humanity, children's sports, advocacy, etc.)I socialize with family __ friends __ I prefer not to engage in social activities __
(check all that apply)

My hobbies and interests include: _____

Legal (check all that apply)

Suit _____

Felony _____ When _____ Charge _____

Probation/Parole _____ End date _____

Unlicensed vehicles ___ Outstanding warrants ___ Outstanding/unpaid tickets ___

Back Taxes ___ Bankruptcy Yes / No Year filed _____

Power of attorney assigned a to Veteran Service Organization Yes / No

Which Organization _____ (DAV, VFW, etc.)

Housing

Buying/own _____ Renting _____

I do not have adequate housing because _____
(not accessible, living with friends/family, homeless, etc.)

Transportation

I have reliable transportation. Yes / No Access to public transportation. Yes / No

I have a valid driver's license. Yes / No If no, can get a driver's license. Yes / No

I have a special license. (CDL, Motorcycle, etc.) Yes / No

If yes, please describe: _____

Computers (check all that apply)

Desktop Computer? Yes / No How old? _____ Did you Purchase?

Laptop/notebook computer? Yes / No How old? _____ Did you Purchase? Yes / No

Has the VA supplied you with a computer in the past? Yes / No

I have Internet access. Yes / No

Equipment I would need: _____

Computer Training Required: Software _____ Internet _____ Other _____
(check all that apply)

Describe training needed: _____

Income

I am meeting my expenses with my current income. Yes / No

I need a referral for financial counseling. Yes / No

Personal Adjustment (check all that apply)

I feel I am adjusting well to civilian life. Yes / No

I feel I need referral for supportive counseling. Yes / No

I currently receive counseling. Yes / No

Type _____ Where _____
(private, group, family, PTSD, alcohol/drug, etc.) (VA, clinic, private agency, AA, NA, etc.)

Do you or have you ever had a problem with alcohol or drug abuse? Yes / No

Are you now abstinent? Yes / No

If No, how much, how often and what (alcohol and/or drugs) do you use?

Military Service Information

Branch of Service _____ NEC/AFSC/MOS _____ # of years in Military _____

Date Entered ____ / ____ / ____ Date discharged/retired ____ / ____ / ____

Rank/Rate at discharge _____

Disability Rating By VA

_____ % CSCD rating (Combine Service Connected Disability rating)

_____ % for _____
(SC/NSC - Service Connected or non-Service Connected - Circle One)

_____ % for _____
(SC/NSC - Circle One)

_____ % for _____
(SC/NSC - Circle One)

_____ % for _____
(SC/NSC - Circle One)

_____ % for _____
(SC/NSC - Circle One)

_____ % for _____
(SC/NSC - Circle One)

_____ % for _____
(SC/NSC - Circle One)

Education History Information

I completed High School. Yes / No If yes, Year completed _____

I have a GED? Yes / No. If yes, When received? _____

I have college credit without a degree. Yes / No Total # of credits _____

I have a _____ degree(s) in: _____

Is English your primary language? Yes / No

Fluent in another language? Yes / No If so what language _____

(circle one)

Have you ever been treated for or diagnosed with:

- | | | |
|----|----------------------------------|----------|
| 1. | A learning disability | Yes / No |
| 2. | Attention Deficit Disorder (ADD) | Yes / No |
| 3. | Dyslexia | Yes / No |
| 4. | A reading disorder | Yes / No |
| 5. | A math disorder | Yes / No |

Employment: Job Development or Training Needs

I am currently employed. Yes / No

I need job placement services to obtain alternative employment. Yes / No

I need vocational, technical or educational training to meet my goal of:

Name/location of technical school/institute/college I would like to attend:

Skills

Do you have skills and/or experience in any of the following areas? Place an X on the line at the Skill Area to indicate that you have skills and/or experience in that area. On the line following the Skill Area, describe your skill experience level and how long you used that skill, etc.

Skill Area (Check all that apply)

<input type="checkbox"/> Office Machines	_____
<input type="checkbox"/> Computers	_____
<input type="checkbox"/> Typing	_____
<input type="checkbox"/> Bookkeeping	_____
<input type="checkbox"/> Electronics	_____
<input type="checkbox"/> Supervising	_____
<input type="checkbox"/> Teaching/Instructing	_____
<input type="checkbox"/> Mechanical	_____
<input type="checkbox"/> Machine Shop tools	_____
<input type="checkbox"/> Management	_____
<input type="checkbox"/> Sales	_____
<input type="checkbox"/> Criminal Justice	_____
<input type="checkbox"/> Transportation Equipment	_____
<input type="checkbox"/> Construction Equipment	_____
<input type="checkbox"/> Communications	_____
<input type="checkbox"/> Human Resources/Personnel	_____
<input type="checkbox"/> Medical	_____
<input type="checkbox"/> Other Skills	_____