A close up of a logo

Description automatically generated

**Veteran On-Boarding Information Form**

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Veteran LifeLine Case #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Print Neatly:

Veteran Name: **First**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **MI** \_\_\_\_ **Last**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**See VA or Retired ID & Copy of DD 214; and a State ID; DOB: Month \_\_\_ Date\_\_\_ Year\_\_\_\_\_\_**

**Address: Street Number & Street**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, **State** \_\_\_\_ **Zip Code:** \_\_\_\_\_**Contact phone #** \_\_\_\_ - \_\_\_\_\_- \_\_\_\_\_

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

**Branch of Service: (Please circle)** Army; Air Force; Navy; Marine; Coast Guard

**Dates of Service:** Start Active Duty Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Active Duty Date: \_\_\_\_\_\_\_\_\_

**Initial Training Location**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ETS Location**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Served in Combat?** Yes/ No and if so Where and when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Disability or major injuries?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**With Family**: Yes or No

**Spouse Name:** **First:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If with Children How Many and Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Assistance do you needed?** Rent; Mortgage; Utility Bill, Student Loan or Other? \_\_\_\_\_\_\_\_\_\_

**Estimated Cost?** \_\_\_\_\_\_\_\_\_ **What caused financial hardship:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Veteran Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Veteran LifeLine Counselor Printed Name Signature & Date