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**Privacy Act Statement:** The execution of this form does not authorize the release of information other than that specifically described below. This form will authorize OPERATION SHOCKWAVE to share provided information with other veteran’s service providers when necessary, and only for the purpose of providing assistance requested by the person signing this form. Completing this form is voluntary. However, if this release is not signed, the person requesting assistance may not receive the monies or services requested.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Military Service: Branch \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates Served \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_ Type of Discharge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Deployed: Yes\_\_\_ No\_\_\_

Where To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Combat: Yes\_\_\_ No\_\_\_ Disabled: Yes\_\_\_ No\_\_\_

Service Related: Yes\_\_\_ No\_\_\_ VA Disability Rating: \_\_\_\_\_\_%

Employment: Full Time\_\_\_ Part Time\_\_\_\_ Seasonal\_\_\_\_ None\_\_\_\_

Education (Circle one): HS Diploma Some College (# of credits) \_\_\_\_ College Degree\_\_\_\_\_\_\_\_\_\_\_\_\_

Criminal History: Please list any convictions and the year they occurred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Circle no more than 3 of the following that you believe you need assistance with the most:

EMPLOYMENT FINANCING EDUCATION EMOTIONAL & BEHAVIORAL

VA BENEFITS HOUSING MEDICAL & DENTAL FAITH & SPIRITUALITY

PHYSICAL FITNESS LEGAL SENSE OF BELONGING

Rank the following Personality Lingo Communication Styles in order of 1 through 4:

CONNECTOR\_\_\_\_ PLANNER\_\_\_\_ MOVER\_\_\_\_ THINKER\_\_\_\_

Comments (Include anything additional you would like Operation Shockwave to be aware of):

I hereby authorize the OPERATION SHOCKWAVE RESOURCE TEAM to share my information on this form ONLY with organizations that may provide the monies, services, or items that I am requesting. This authorization does not replace the HIPAA Security Rule.

Veterans’ Name (Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referred By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_