



SUPPORT SERVICES INTAKE FORM

3240 B Juan Tabo Blvd NE,
Albuquerque, NM 87111
505-414-4904

Date: _____

Interviewed by: _____

Veteran's
Name: _____
(Last/First/ Middle)

Age: _____ Date of Birth: _____

Address: _____
City: _____
State: _____ Zip: _____

Home Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Referred by: _____
Other _____ Agencies _____ Contacted: _____
POC: _____

MILITARY HISTORY

Type of discharge: _____ (Need copy of Discharge or DD-214)

Military Branch (select applicable): Air Force _____ Army _____ Coast Guard _____ Marine
Corps _____
Navy _____ Space Force _____ National Guard _____ Reserves _____

In which era (s) did you serve? Korea _____ Vietnam _____ Cold War _____ Gulf War _____
Other: _____

Dates _____ of _____ Service: _____ From: _____
To: _____

Are you a disabled Veteran? Yes _____ No _____ What Percentage are you
rated: _____

DD214 or Discharge Verified: _____ Date: _____



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FINANCES

Income per month

(Ex: Alimony, Child Support/Salary/SSI/SSB/Retirement/Disability, Unemployment, Workmen's Comp)

Source	\$ Amount

Total Income: _____

Non-cash benefits per month (Ex: SNAP, WIC, Section 8, etc.)

Benefit Description	\$ Amount

Total Non-Cash Benefits: _____

Total Income and non-cash monthly income: _____

Expenses per month

Shelter (rent/mortgage) _____
Home Insurance: _____
Utilities: _____
Phone: _____
Vehicle payment: _____
Auto Insurance: _____
Gasoline: _____
Medical Insurance: _____
Food: _____
Childcare: _____
Other: _____
Other: _____

Total monthly expenses: _____

Special expenditures/ events that have contributed to the crisis or circumstances for this request:



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Legal History/Information:

Do you currently have any outstanding legal issues pending (Evictions, Warrants): Yes____ No____

If yes, please explain:

Family History/Information

Marital Status:

Married____ Divorced____ Separated____ Single____ Widowed____ Cohabitation____

Do you have children living with you? Yes____ No____

If yes, how many? _____ Age(s) _____

Do you own pets? Yes____ No____

Do you have a vehicle? Yes____ No____

Assistance

Recommendations:

Additional

Notes:
