

# LOS ANGELES VETERANS STAND DOWN 2012 SCREENING FORM

\*Staff Use Only: Veteran Status Confirmed by VA? 1-No 2-Yes  
\*Please submit completed form to U.S.VETS by 07/15/2012

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## VETERAN DESCRIPTION

1. Do you have a VA card? 1- No 2- Yes    2. Do you have your DD214? 1- No 2- Yes    3. Age \_\_\_\_\_
4. What gender do you identify as? 1- Male 2-Female 3-Transgender    5. Ethnicity: 1- Hispanic 2- Not Hispanic
6. Race (check one, if more than one, check #6 "Other")  
1-Black 2-White 3-American Indian/Alaskan Native 4-Pacific Islander 5-Asian 6-Other \_\_\_\_\_
7. What is your current marital status? (check only one)  
1- Married 2- Remarried 3- Widowed 4- Separated 5- Divorced 6- Never married
8. How many children do you have? \_\_\_\_\_

## MILITARY HISTORY

9. Period of Service (Check longest one)  
1- Pre-WW II (11/18 – 11/41) 4- Korean War (7/50-1/55) 7- Post-Vietnam (5/75-7/90)  
2- WW II (12/41-12/46) 5- Between Korean and Vietnam Era (2/55-7/64) 8- Persian Gulf (8/90-8/01)  
3- Pre-Korean (1/47-6/50) 6- Vietnam Era (8/64-4/75) 9-Operations Enduring or Iraqi Freedom (9/2001- current)
11. Branch of Service (check only one; if more than one, check most recent):  
1- Army 2- Navy 3- Marine Corps 4- Air Force 5- Coast Guard
12. Discharge (check only one; if more than one, check most recent):  
1- Honorable 2- General 3- Other than Honorable 4- Bad Conduct 5- Dishonorable

## LIVING SITUATION

13. Where did you sleep last night? (check only one)  
1- In own home, apartment, or room (Blue) 5- Emergency Shelter (e.g., short-term shelter facility) (Red)  
2- With friends or family long-term (Blue) 6- No residence (e.g., street, camp, abandoned building, auto) (Red)  
3- With friends or family temporarily (Green) 7- Institution (e.g., hospital, prison, detox, treatment facility) (Green)  
4- Temporary/Transitional/Halfway Housing Program (Green)

## EMPLOYMENT STATUS

14. What is your usual employment pattern; in the past three years? (check only one)  
1- Full time (40 hrs/wk) 4- Part time (irreg. day work) 7- Retired/disability  
2- Full time (irregular) 5- Student 8- Unemployed  
3- Part time (reg. hrs) 6- Service/military

## FINANCIAL STATUS

15. Do you have any income? 1- No 2- Yes
16. What is your current monthly income?  
1- \$1 - 150 3- \$251 - 500 5- \$1001 - 1500 7- \$2000 +  
2- \$151 - 250 4- \$501 - 1000 6- \$1501 - 2000

Is the source from?

17. Employment 1- No 2- Yes  
18. VA Service Connected 1- No 2- Yes  
19. VA Non-Service Connected 1- No 2- Yes  
20. Non-VA disability (e.g. SSDI, SSI) 1- No 2- Yes  
21. Are you receiving other public support (including cash & in kind services, TANF, Food Stamps, Clark County Social Services rental assistance, HUD/VASH voucher) 1- No 2- Yes

# LOS ANGELES VETERANS STAND DOWN 2012 SCREENING FORM

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## NEEDS/SERVICES

What do you hope to receive from the Stand Down? (ask each one)

- |                                |  |                    |  |
|--------------------------------|--|--------------------|--|
| 22. Housing                    | <input type="checkbox"/> 1-No <input type="checkbox"/> 2-Yes | 28. Work Cards     | <input type="checkbox"/> 1-No <input type="checkbox"/> 2-Yes |
| 23. Medical                    | <input type="checkbox"/> 1-No <input type="checkbox"/> 2-Yes | 29. Employment     | <input type="checkbox"/> 1-No <input type="checkbox"/> 2-Yes |
| 24. Mental Health Treatment    | <input type="checkbox"/> 1-No <input type="checkbox"/> 2-Yes | 30. Transportation | <input type="checkbox"/> 1-No <input type="checkbox"/> 2-Yes |
| 25. Identification             | <input type="checkbox"/> 1-No <input type="checkbox"/> 2-Yes | 31. Legal          | <input type="checkbox"/> 1-No <input type="checkbox"/> 2-Yes |
| 26. Substance Abuse Treatment  | <input type="checkbox"/> 1-No <input type="checkbox"/> 2-Yes | 32. Dental         | <input type="checkbox"/> 1-No <input type="checkbox"/> 2-Yes |
| 27. Problem Gambling Treatment | <input type="checkbox"/> 1-No <input type="checkbox"/> 2-Yes | 33. Other _____    | <input type="checkbox"/> 1-No <input type="checkbox"/> 2-Yes |

34. Complete at Stand Down event: # of Adult Guests \_\_\_\_\_

35. Complete at Stand Down event: # of Children Guests \_\_\_\_\_

## RELEASE OF INFORMATION

I authorize the Department of Veterans Affairs to obtain and release information to U.S.VETS to verify my veteran status for the Veterans Stand Down. I understand that the information provided will be used to compile demographics and needs of veterans. I also understand that media and photographers will be present at the Stand Down and agree to participate, or remove myself from any areas that may be photographed if I choose not to be included.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date