



**DIRECTIONS: ALL INFORMATION CONTAINED ON THIS FORM IS CONFIDENTIAL.**

**Client Application** - Fill out the ENTIRE page, sign & date.

**Passenger Rules and Regulations for the Troops in Transit Program** - On reverse side, Please read, sign and date.

**The Troops in Transit Program Sheet** - Please refer to this sheet when scheduling all appointments at the three VA Hospitals to which we transport. Remember, after making appointment at the VA Hospital, call The Plymouth Outreach Center to arrange transportation.

Other attachments include: **Our Programs Sheet, Outreach Centers and Food Pantry Hours of Operation, Passenger copy of the Rules and regulations for the Troops in Transit Program, Policies for The Nathan Hale Wellness Center (Food Pantry)**

**Client Application/Assistance Request /Outreach Programs-Intake/Assessment Form**

Name and Address: \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_ Marital Status \_\_\_\_\_ M,S,D,W  
 \_\_\_\_\_ Spouse's Name: \_\_\_\_\_  
 \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 email: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please provide one of the following:  
 DD-214  Military ID  
 VA Card  
 Other Form of ID

Date of Birth: \_\_\_\_\_  
 Sex:  Male  Female  
 Last 4 digits of SS#: \_\_\_\_\_  
 Deceased

Ethnicity:  
 Af Am  Hispanic  
 Asian  Native Am  
 Caucasian  Other: \_\_\_\_\_

**ASSISTANCE REQUEST INFORMATION FOR THE USE OF THE FOOD PANTRY.**

Information gathered from this form will be used for monthly statistics needed by the Boston Food Warehouse. Without these statistics, We can not get food for the pantry.

Are you Employed?: \_\_\_\_\_  
 # of Family Members Living w/you \_\_\_\_\_

Programs Interested In:

<input type="checkbox"/> Troops In Transit Program	<input type="checkbox"/> Case Management Services
<input type="checkbox"/> Food Pantry	<input type="checkbox"/> YOGA
<input type="checkbox"/> Hale to The Arts	<input type="checkbox"/> Resource Center
<input type="checkbox"/> ReAdjustment & Combat Counseling	<input type="checkbox"/> Other
	<input type="checkbox"/> Do you require a wheelchair?

List all Names and Ages of everyone in your household including you.

NAME	AGE
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Housing -Do You:  
 Own  Live with Family  
 Rent  Other (specify) \_\_\_\_\_  
 Homeless

Highest Level of Education:  
 Grades 1-12  Masters  
 Assoc.  PHD  
 BA/BS

Are you Receiving:  
 Food Stamps?  Housing?  Receiving No Support  
 Eligible for Food Stamps?  Unemployment?  
 Interested in SNAP?  Fuel Assistance?  
 SSDI?  Other Agency Support?

Office Use Only  
 Authorized # of Bags? \_\_\_\_\_  
 Nathan Hale Employee/Volunteer: \_\_\_\_\_  
 Date Processed: \_\_\_\_\_

Era of Service:  
 WWII  Lebanon  OIF  
 Korea  Persian Gul  OEF  
 Vietna  Other?  
 Peace Time

Dates of Service:  
 Date Of Enlistment: \_\_\_\_\_  
 Date of Discharge: \_\_\_\_\_  
 Type of Discharge: \_\_\_\_\_

Branch of Service:  
 Air Force  Army  
 Marines  Coast Guard  
 Navy  Other (specify) \_\_\_\_\_

By signing this application you acknowledge that the above information is truthful and you have read and agreed to the rules and regulations of The Nathan Hale Veterans Outreach Centers Programs and Services. Any breaking of the rules and regulations shall cause you to be prohibited from any further participation in The Nathan Hale Veterans Outreach Centers Programs and Services. Please read all of the attached papers listed above prior to signing this application.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_ Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

