**Monterey County Homeless Veterans Stand Down 2016  
Veteran Information   
(information contained herein is strictly CONFIDENTIAL)**

Veteran Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_ DOB: \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Gender: M / F Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_  
 House # Street City State Zip

Contact Phone # \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # where a message can be left for you: \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_

Special Accommodations: Vision Mobility Hearing Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity: African American Latino Asian Hawaiian/Pacific Islander  
 Native American Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch of Service: Army Navy Marines Air Force Coast Guard  
 Merchant Marines

Years of Service (Dates) From \_\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_\_\_ Combat? Non-Combat?

Era: Korea (7/27/50-7/27/54) Vietnam (2/28/61-5/7/75 Lebanon (8/25/82-2/26/84)

Granada (10/23/83-11/21/83) Panama (12/20/89-1/31/90) Bosnia (11/21/95-TBD)

Persian Gulf (8/2/90-TBD) Somalia (12/17/92-TBD) Kosovo (3/24/99-TBD)

OEF (11/7/01 – TBD) OIF (3/19/03-2/17/10) OND 2/17/10-TBD)

Services Needed: Medical Dental Vision Legal Counseling

Discharge Upgrade DMV MediCal Employment

EBT (Food Stamps) Housing/Shelter SSA/SSI/SSDI

Voter Registration Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have: DD214 \_\_\_\_ \_\_\_\_ VA ID Card \_\_\_\_ \_\_\_\_  
 Yes No Yes No

Drivers’ License \_\_\_\_ \_\_\_\_ State Issued\_\_\_\_ \_\_\_\_  
 Yes No Yes No

Pets: Dog (s) Cat(s) Bird(s) Other\_\_\_\_\_\_\_\_\_\_\_\_