

VFW Department of Pennsylvania

Client Assessment Form

SSN: _____ DOB: _____ POB: _____

Last Name: _____ First: _____ Middle _____

Address: _____ City: _____ County: _____

State: _____ Zip Code: _____ Phone: () _____ Cell Number: () _____

VETERAN: Yes No Widow(er) Gender: Male Female

E-Mail: _____

Targeted Sub-Groups	
<input type="checkbox"/> SCD _____%	<input type="checkbox"/> WW II
<input type="checkbox"/> Special Disabled	<input type="checkbox"/> Korean
<input type="checkbox"/> Newly Separated (within 12 months)	<input type="checkbox"/> Vietnam
<input type="checkbox"/> Economically Disadvantaged	<input type="checkbox"/> Campaign Badge
<input type="checkbox"/> Homeless Veteran	<input type="checkbox"/> Eligible Veteran
<input type="checkbox"/> Disabled	<input type="checkbox"/> Eligible Person
	<input type="checkbox"/> OEF/OIF

OUTREACH DATA:
COUNTY: _____
CITY: _____
VERIFICATION DOCUMENT: <input type="checkbox"/> DD Form 214 <input type="checkbox"/> VA Certification

Education Level	Labor Force Status
<input type="checkbox"/> Post High School/ College	<input type="checkbox"/> Full Time
<input type="checkbox"/> High School Graduate/ GED	<input type="checkbox"/> Part Time
<input type="checkbox"/> Non High School Graduate	<input type="checkbox"/> Unemployed
	<input type="checkbox"/> Not in Labor Force

Branch of Service: _____

Active Duty Service Dates

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

VA File No. C _____

Service No. _____

SOURCE OF REFERRAL: CareerLink PhoneBook VFW Member VA Word of Mouth Other _____

CLIENT'S STATEMENT: By my signature below "I do hereby authorize the VFW to obtain and/or release any information necessary to expedite resolution of my application for benefits. Further, I certify that the above information is true and correct."

X

Signature of Client

Date Signed

REMARKS: