

**MONTACHUSTT VETERANS OUTREACH CENTER
DEMOGRAPHICS FORM**

Today's Date: _____		Referred By: _____	
Name: _____		Preferred Phone Number: _____	
Email: _____			
Address: _____	Date of Birth: _____		Birthplace: _____
	SSN#: _____		
Gender: _____		Ethnicity: _____	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		Housing: <input type="checkbox"/> Rent <input type="checkbox"/> HUD-VASH voucher received <input type="checkbox"/> Own <input type="checkbox"/> HUD-VASH voucher in process <input type="checkbox"/> Live with Family <input type="checkbox"/> Other: _____ <input type="checkbox"/> Homeless	

Branch of Service: _____		Service Number: _____	
Date Entered Service: _____		Date of Discharge: _____	
In which city and state did you enlist: _____			
Combat Veteran: <input type="checkbox"/> yes <input type="checkbox"/> no		Did you serve in the Reserves? <input type="checkbox"/> yes <input type="checkbox"/> no	
VA Service Connected: <input type="checkbox"/> yes <input type="checkbox"/> no If yes, what %: _____ \$ Amount received: _____		Were you nationally activated? <input type="checkbox"/> yes <input type="checkbox"/> no	
		Did you serve in the National Guard? <input type="checkbox"/> yes <input type="checkbox"/> no	
		Were you nationally activated? <input type="checkbox"/> yes <input type="checkbox"/> no	
Service Discharge: <input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> General <input type="checkbox"/> Medical <input type="checkbox"/> Other than Honorable <input type="checkbox"/> Uncharacterized <input type="checkbox"/> Bad Conduct			

Employment Status: <input type="checkbox"/> Employed (<input type="checkbox"/> full time <input type="checkbox"/> part time) <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Other: _____		If employed: Name of Employer: _____ Length of Employment: _____ Work Phone Number: _____	
Income Source (check all that apply): <input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> Social Security <input type="checkbox"/> Retirement <input type="checkbox"/> Pension <input type="checkbox"/> Employment <input type="checkbox"/> None <input type="checkbox"/> Unemployment Other: _____		Estimate Monthly income \$: _____	

Emergency Contact Name: Name: _____ Relationship: _____ Phone: _____ Address: _____
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