



VETERANS INTAKE FORM

Veteran's Name: _____ DOB: _____

Applicant's Name (if Other Than Veteran): _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Cell #: _____ E-Mail: _____

Marital Status: Married Divorced Widower Single

Alternate contact person: _____ Phone: _____

Next of Kin: _____ Phone: _____

MILITARY SERVICE:

Veteran: Yes No Service Status: Active Duty Reserves/NG

Deceased

Date of Death: _____ Funeral Home: _____

What cemetery buried: _____ VA Headstone? _____

Receive VA Burial Flag? Who has flag: _____

CONFIDENTIALITY AND PRIVACY

The OVA staff respects the privacy of all veterans, and we hold in strictest confidence all information disclosed. No information will be communicated to any NON-Veteran Agency without written consent from the Veteran, EXCEPT, by court order or in circumstances deemed necessary to avert at crisis.

Signature of Applicant: _____

Date: _____