

**VIP Intake Form**  
**Veteran Improvement Program**  
**1240 E. 79<sup>th</sup> St Chicago, Illinois 60619**

**(Contact Information)**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number :( ) \_\_\_\_\_ - \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ (check one) Male \_\_\_ Female \_\_\_

E-Mail Address: \_\_\_\_\_@\_\_\_\_\_.com

Do you have children? Yes \_\_\_ No \_\_\_ If yes how many? \_\_\_\_\_

Are you currently homeless or in danger of becoming homeless: Yes \_\_\_ No \_\_\_

Circumstances of Homelessness. (Please Explain)

---

---

---

Do you have a Homeless letter and /or an Eviction Letter (check one) Yes \_\_\_ No \_\_\_

**(Education)**

Highest education level completed: High School \_\_\_ College \_\_\_

Did you graduate? Yes \_\_\_ No \_\_\_

**(Employment)**

Are you currently employed? Yes \_\_\_ No \_\_\_

If yes who is your Employer? \_\_\_\_\_

What is your salary? \$ \_\_\_\_\_.\_\_\_\_\_/ Hour

Do you have a Criminal Background? Yes \_\_\_ No \_\_\_

**(Benefits)**

Are you receiving Social Security Benefits? Yes \_\_\_ No \_\_\_ Amount \$ \_\_\_\_\_

Are you receiving VA Pension? Yes \_\_\_ No \_\_\_ Amount \$ \_\_\_\_\_

Are you receiving VA Compensation? Yes \_\_\_ No \_\_\_ Amount \$ \_\_\_\_\_

Other \_\_\_\_\_ Amount \$ \_\_\_\_\_

Do you receive Food Stamps? Yes \_\_\_ No \_\_\_ Amount \$ \_\_\_\_\_/ Monthly

Do you receive TANF? Yes \_\_\_ No \_\_\_ Amount \$ \_\_\_\_\_/ Monthly

**(Military Experience)**

Branch of Service: \_\_\_\_\_

Date of Enlistment \_\_\_\_\_ Discharged Date: \_\_\_\_\_

Did you have an Honorable Discharge? Yes \_\_\_ No \_\_\_ Date: \_\_\_\_\_

Were you medically discharged? Yes \_\_\_ No \_\_\_ Date: \_\_\_\_\_

Did you participate in the Stand Down? Yes \_\_\_ No \_\_\_

How did you hear about us? (Please check one)

\_\_\_Walk-In \_\_\_Flyer \_\_\_Friend \_\_\_VA \_\_\_Other \_\_\_\_\_