PLYMOUTH
34 Main St. Ext #204
Plymouth, MA 02360
508-747-2003

MIDDLEBORO
260 Centre St, Unit B
Middleboro, MA 02346
508-923-0900

DIRECTIONS: ALL INFORMATION CONTAINED ON THIS FORM IS CONFIDENTIAL.
Client Application - Fill out the ENTIRE page, sign & date.
Passenger Rules and Regulations for the Troops in Transit Program - On reverse side, Please read, sign and date.
The Troops in Transit Program Sheet - Please refer to this sheet when scheduling all appointments at the three VA Hospitals to which we transport. Remember, after making appointment at the VA Hospital, call The Plymouth Outreach Center to arrange transportation.
Other attachments include: **Our Programs Sheet, Outreach Centers and Food Pantry Hours of Operation, Passenger copy of the Rules and regulations for the Troops in Transit Program, Policies for The Nathan Hale Wellness Center (Food Pantry)**

Client Application/Assistance Request /Outreach Programs-Intake/Assessment Form

Name and Address:

_____
_____
_____

Date: _____
Marital Status _____ **M,S,D,W**
Spouses Name: _____
Emergency Contact: _____

Home Phone: _____ **Phone #:** _____
Cell Phone: _____ **Cell #:** _____
email; _____ **Relationship:** _____

Please provide one of the following:
- ☐ DD-214
- ☐ Military ID
- ☐ VA Card
- ☐ Other Form of ID

Date of Birth: _____

Sex: ☐ **Male** ☐ **Female**
Last 4 digits of SS#: _____
☐ **Deceased**

Ethnicity:
- ☐ Af Am
- ☐ Asian
- ☐ Caucasian
- ☐ Hispanic
- ☐ Native Am
- ☐ Other:_____

Programs Interested In:
- ☐ Troops In Transit Program
- ☐ Food Pantry
- ☐ Hale to The Arts
- ☐ ReAdjustment & Combat Counseling
- ☐ Case Management Services
- ☐ YOGA
- ☐ Resource Center
- ☐ Other
- ☐ Do you require a wheelchair?

Housing -Do You:
- ☐ Own
- ☐ Rent
- ☐ Homeless
- ☐ Live with Family
- ☐ Other (specify)____

Highest Level of Education:
- ☐ Grades 1-12
- ☐ Assoc.
- ☐ BA/BS
- ☐ Masters
- ☐ PHD

Are you Receiving:
- ☐ Food Stamps?
- ☐ Eligible for Food Stamps?
- ☐ Interested in SNAP?
- ☐ SSDI?
- ☐ Housing?
- ☐ Unemployment?
- ☐ Fuel Assistance?
- ☐ Other Agency Support?
- ☐ Receiving No Support

ASSISTANCE REQUEST INFORMATION FOR THE USE OF THE FOOD PANTRY.

Information gathered from this form will be used for monthly statistics needed by the Boston Food Warehouse. Without these statistics, We can not get food for the pantry.

Are you Employed?: _____

# of Family Members Living w/you ____

List all Names and Ages of everyone in your household including you.

NAME	AGE

Office Use Only
Authorized # of Bags? _____
Nathan Hale Employee/Volunteer: _____
Date Processed: _____

Era of Service:
- ☐ WWII
- ☐ Korea
- ☐ Vietnam
- ☐ Peace Time
- ☐ Lebanon
- ☐ Persian Gul
- ☐ OIF
- ☐ OEF
- ☐ Other?

Dates of Service:
Date Of Enlistment: _____
Date of Discharge: _____
Type of Discharge: _____

Branch of Service:
- ☐ Air Force
- ☐ Marines
- ☐ Navy
- ☐ Army
- ☐ Coast Guard
- ☐ Other (specify) _____

By signing this application you acknowledge that the above information is truthful and you have read and agreed to the rules and regulations of The Nathan Hale Veterans Outreach Centers Programs and Services. Any breaking of the rules and regulations shall cause you to be prohibited from any further participation in The Nathan Hale Veterans Outreach Centers Programs and Services. Please read all of the attached papers listed above prior to signing this application.

Client Signature _____ Date _____ Employee Signature _____ Date _____