



# Intake Form

## Veterans Resource Center

Building 2700, Room 2750

4000 Suisun Valley Road

Fairfield, CA 94534

Office: (707) 864-7105 Fax: (707) 646-2092

E-mail: veterans@solano.edu Website: www.solano.edu/veterans

Full Name		Student ID	
Full SSN		Date of Birth	
VA File Number (Veterans SSN – CH35 Only)		CH35 Only—Are you: <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
Address	City	State	Zip
Phone	Email		

**If you are the Veteran:**

Branch of Service: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Do you have a disability rating with the VA?  No  Yes

Do you have health insurance?  No  Yes

Is your health insurance through the VA?  No  Yes

**CHECK ALL THAT APPLY: Are you interested in information about...**

- |   |   |                                       |  |
|---|---|---------------------------------------|--|
| <input type="checkbox"/> Financial Aid        | <input type="checkbox"/> VA Healthcare            | <input type="checkbox"/> Food Sources | <input type="checkbox"/> Book Assistance   |
| <input type="checkbox"/> VR&E (CH31)          | <input type="checkbox"/> Free Tutoring            | <input type="checkbox"/> Housing      | <input type="checkbox"/> EDD Unemployment  |
| <input type="checkbox"/> VA Disability Claims | <input type="checkbox"/> Personal Counseling      | <input type="checkbox"/> Legal Aid    | <input type="checkbox"/> Solano County VSO |
| <input type="checkbox"/> Work Study           | <input type="checkbox"/> Classroom Accommodations | <input type="checkbox"/> Other: _____ |  |

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**\*\*VETERANS RESOURCE CENTER STAFF ONLY\*\***

*Referrals Made*

	Financial Aid
	Vocational Rehabilitation
	Disability Claims
	Health Insurance
	Free Tutoring

	Personal Counseling
	Food Sources
	Housing
	Legal Aid
	Book Assistance

	EDD Unemployment
	VSO
	Work-Study
	Other
	Accommodations (ACS)

**Notes:**

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