



**The Jacqueline Smith Foundation**

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**Veteran Referral Intake Form**

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**NOTE: THIS INFORMATION IS CONFIDENTIAL**

**DD214 #** \_\_\_\_\_ **DoD ID#** \_\_\_\_\_

Date: \_\_\_\_\_ Person Making Referral: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M/F

Relationship Status: \_\_\_\_\_ Age: \_\_\_\_\_

Home / Mobile Phone: \_\_\_\_\_ Is it ok to leave a message? Y/N

Work: \_\_\_\_\_ Is it ok to leave a message? Y/N

Email Address: \_\_\_\_\_ Is it ok to email you? Y/N

Ethnicity:  White  African American  Hispanic  Asian  Pacific Islander  Alaska Native — Decline To Answer

Current Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Current Occupational Status:  F/T  P/T  Self- Employed  Student  Unemployed

How were you referred: \_\_\_\_\_

If Online, Which Website? \_\_\_\_\_

Reason For Referral: \_\_\_\_\_ # of Family Members \_\_\_\_\_