Operation New Path-Client Intake Form

This form is used to collect initial information from individuals seeking services through Operation New Path. Information provided will be used to assess eligibility, identify needs, and coordinate appropriate services.

Section 1: Client Identification

Full Legal Name:

Preferred Name (if different):

Date of Birth: (optional)

Phone Number: **Email :**

Preferred Method of Contact: ☐ Phone ☐ Email ☐ Text

Current Address

Street: **City:**

State: **Zip Code:**

Section 2: Military Service Information

Are you a Veteran or Current Service Member?

☐ Veteran ☐ Active Duty ☐ National Guard ☐ Reserves

Branch of Service:

☐ Army ☐ Navy ☐ Air Force ☐ Marine Corps ☐ Coast Guard ☐ Space Force

Dates of Service: From To:

Discharge Status: ☐ Honorable ☐ General (Under Honorable Conditions)

☐ Other Than Honorable ☐ Bad Conduct ☐ Dishonorable ☐ Currently Serving

Have you previously used VA services? ☐ Yes ☐ No ☐ Unsure

Section 3: Education & Training Background

Highest Level of Education Completed:

☐ Less than High School ☐ High School/GED ☐ Some College

☐ Associate Degree ☐ Bachelor's Degree ☐ Graduate Degree

Current Enrollment Status:

☐ Not Enrolled ☐ Enrolled in College/University ☐ Enrolled in Certification/Training Program

Institution or Program Name (if applicable):

Are you currently using or planning to use VA education benefits?

☐ GI Bill® ☐ VR&E (Chapter 31) ☐ Other ☐ Not Sure

Section 4: Employment & Career Goals

Current Employment Status:

☐ Employed Full-Time ☐ Employed Part-Time ☐ Unemployed ☐ Underemployed

Current or Most Recent Job Title:

Career Interests or Desired Field(s):

Employment-Related Needs (check all that apply):

☐ Career Exploration ☐ Resume Development

☐ Interview Preparation ☐ Job Search Assistance

☐ Certification or Licensing Guidance ☐ Translating Military Skills to Civilian Work

Section 5: Presenting Needs & Barriers

Primary Reason for Seeking Services (brief description):

Barriers Currently Impacting Education or Employment (check all that apply):

☐ Financial Concerns ☐ Housing Instability ☐ Transportation ☐ Physical Health Limitations

☐ Mental Health or Stress-Related Concerns ☐ Difficulty Navigating Benefits

☐ Lack of Civilian Work Experience

☐ Other:

Section 6: Support Systems & Referrals

Do you currently have support from other agencies or programs?

☐ Yes ☐ No If yes, please list:

How did you hear about Operation New Path?

☐ Referral (VA, school, agency) ☐ Social Media ☐ Website ☐ Friend/Family ☐ Other