

CLIENT INTAKE FORM

— MY VETERANS PLACE SAVANNAH



INTAKE

Intake Officer Name:

Date :

| | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| D | D | M | M | Y | Y | Y | Y |

MY VETERANS PLACE NOTE: _____

PERSONAL INFORMATION

First Name :

Email Address : Date Of Birth :

| | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| D | D | M | M | Y | Y |

Full Address :

Status : Single Married Divorce Widow

Branch : Military Status :

Phone :

Emergency :

Driver License : Yes No Gender : Male Female

Preferred Method of Contact : Phone Email

Emergency Contact :

Relation to Client :

Phone Number :

Signature

NAME: _____

THANK YOU FOR YOUR INFORMATION

CLIENT INTAKE FORM

— MY VETERANS PLACE SAVANNAH



INTAKE

Service Dates-From - To

VA Benefits Received:

Y N P

Discharge Type

ASSISTANCE REQUESTED

Type of Support Needed

Check All that apply

Emergency Housing Food Assistance Financial Assistance Mental Health Counseling Career Support Educational Support Other

Briefly Describe the Current Situation or Need:

:

Are you currently working with another organization for this need?

Yes _____
 No

INCOME AND EMPLOYMENT INFORMATION

Employed Full-Time Unemployed Other
 Employed Part-Time Retired

Monthly Income: _____

Source of Income: _____

THANK YOU FOR YOUR INFORMATION

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BENEFITS

Are you currently receiving any of the following benefits?

Social Security Income (SSI)

Food Stamps (SNAP)

Other: _____

Disability Benefits

Housing Assistance

ADDITIONAL HOUSEHOLD INFORMATION

:

HEALTH AND WELLBEING

Do you have any of the following needs? (Check all that apply):

Physical Health Support

Substance Abuse Support

Other: _____

Mental Health Counseling

Do you have any diagnosed conditions you wish to disclose? :

Yes _____

No

NAME:

THANK YOU FOR YOUR INFORMATION

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CONT.

Do you have access to health insurance?

Yes

No

:

REFERRAL INFORMATION

HOW DID YOU HEAR ABOUT MY VETERANS PLACE SAVANNAH INC.?

Word of Mouth

VA Referral

Community Partner Organization

Social Media

Other

Referring Agency

CONSENT AND AGREEMENT

I, _____ (Client Name), certify that the information provided above is accurate and complete to the best of my knowledge. I understand that this information will be used to determine my eligibility for assistance and may be shared with partner organizations to facilitate services.

Signature

INTAKE OFFICER
DATE

Office Use Only
Eligibility Determined By:

Signature

CLIENT NAME
DATE

THANK YOU FOR YOUR INFORMATION

Privacy Policy for My Veterans Place Savannah, Inc

Last updated: January 1, 2025

Introduction

My Veterans Place Savannah, Inc ("we," "us," or "our") is committed to protecting your privacy and ensuring the security of your personal information. This Privacy Policy outlines how we collect, use, and safeguard the information you provide to us.

Information We Collect

Personal Information: We may collect personal information, such as your name, address, email address, phone number, and other similar information when you voluntarily provide it to us.

Donation Information: If you donate to our organization, we may collect financial information, including credit card or payment details, to process your donation securely.

Website Usage: When you visit our website, we may collect non-personal information such as your IP address, browser type, and the pages you visit. We will use this information to improve our website's functionality and user experience.

How We Use Your Information

We use the information we collect for the following purposes:

Communications: To communicate with you, respond to your inquiries, and provide updates about our organization and its activities.

Donations: To process your donations and send your donation receipts, as applicable.

Website Improvement: To analyze website usage and improve our online services.

Data Sharing

We do not sell, rent, or trade your personal information to third parties. We may share your information with trusted service providers or partners who assist us in our operations, such as payment processors or email service providers. We require these third parties to maintain the confidentiality of your information and use it solely for the purposes specified by us.

Your Choices

You can choose not to provide certain personal information, but this may limit your ability to engage with our organization or use certain features of our website. You may also unsubscribe from our communications at any time by following the instructions in our emails.

Data Security

We employ reasonable security measures to protect your personal information from unauthorized access or disclosure. However, no method of data transmission or storage is entirely secure, and we cannot guarantee absolute security.

Changes to this Privacy Policy

We may update this Privacy Policy from time to time to reflect changes in our practices or for other operational, legal, or regulatory reasons. We encourage you to review this Privacy Policy periodically to stay informed about how we collect, use, and protect your information.

Contact Us

If you have any questions, concerns, or requests related to this Privacy Policy or your personal information, please contact us at admin@mvpsavannah.org.

Effective Date

This Privacy Policy is effective as of the date of the last update indicated at the top of this page.

Acknowledgment

I received a copy of My Veterans Place Savannah, Inc Privacy Policy.

Signature

DISCLAIMER



At My Veterans Place Savannah, we are committed to supporting both Veterans and Military Families, helping them improve their life situations through a comprehensive range of services. We believe in empowering our Veterans with mental health resources, bonding activities, and necessary connections to other resources such as VA. While we cannot guarantee specific outcomes, our goal is to provide the support and tools needed to facilitate positive change and enhance the quality of life. We stand ready to assist and guide you in navigating the challenges and opportunities ahead, fostering resilience and growth in every step of your journey.

While we are committed to delivering quality support and services, it is important to clarify that My Veterans Place Savannah does not guarantee or promise specific outcomes or results from the utilization of our services. Our services are designed to support and assist Veterans by providing resources and opportunities for growth and connection. However, the effectiveness and impact of these services can vary widely depending on individual circumstances, external factors, and personal engagement in the programs offered. Therefore, My Veterans Place Savannah cannot assure specific results, improvements, or success as a direct consequence of participating in our services or accessing our resources.

Participants of our services should approach our programs with the understanding that outcomes are influenced by a multitude of factors beyond the control of My Veterans Place Savannah. We encourage all individuals to evaluate their own needs and goals while utilizing our services and to seek additional professional advice as deemed necessary, such as seeking a Doctor for Medical advice and an Attorney for Legal advice. By engaging with My Veterans Place Savannah, you acknowledge and accept that there are no guaranteed outcomes or results, and you assume full responsibility for your participation in and utilization of our services. My Veterans Place Savannah disclaims any liability for actions taken or not taken based on the support or resources provided such as VA.

I, _____ **acknowledge and accept that there are no guaranteed outcomes or results, and I assume full responsibility for my participation in and utilization of services.**

_____ **My Veterans Place Savannah disclaims any liability for actions taken or not taken based on the support or resources provided such as VA.**

Signature

Date

MVP Savannah Signature

Title Date

PHOTO/VIDEO AUTHORIZATION RELEASE



I hereby authorize My Veterans Place Savannah to take photographs, motion pictures, and digital or other images of me, as well as use written statements prepared by me, and use photographs, motion pictures, and digital or other images of me provided by me, and to produce audio or video recordings, web casts, or other types of media that capture my statements, name, voice, image and/or likeness (any of the foregoing types of media are collectively referred to as "Materials").

I authorize and acknowledge that My Veterans Place Savannah shall have full ownership of and copyright in the Materials, and may, without limitation, use, reuse, copy, alter, publish, display, exhibit, reproduce, produce derivative works of, license to a third party, and distribute Materials for any educational, commercial or promotional purpose in any forms of media, whether now known or hereafter developed, including without limitation, websites, industry publications, articles, magazines, brochures, posters, and billboards, without notifying me.

I waive any right I may have to inspect or approve of any uses of Materials. I release and discharge My Veterans Place Savannah (and those acting with My Veterans Place Savannah permission) from all claims and demands that may arise out of or in connection with the use of the Materials.

I have read this release and fully understand its contents, including that I am giving up substantial rights that I would otherwise have, and I sign it voluntarily and without inducement. This release shall be governed by Georgia law.

Print Name

Signature

(____) _____ - _____

Telephone

***If the participant is a minor under the laws of the state of participation:

Name of Parent or Legal Guardian (Print): _____

Phone (if different): _____

Signature of Parent or Legal Guardian: _____

Today's Date ___/___/___

Email Address

For Internal Use:

Video/Photo Project: _____