

North Bay Stand Down Veteran Registration Form

October 13.14.15, 2009

Please be SURE to read this to the Veteran before filling out the form.

The North Bay Stand Down is a three-day encampment, intended to assist Veterans and their family members. You are expected to stay onsite during the entire event, including nights. There are no in-and-out privileges. Tents, cots and meals will be provided to you. You will not be allowed to come and sign up for services (such as Court or Legal), leave, and then return. If you choose not to stay for the entire event, you must arrange for your own transportation home. If you leave early, you will not be allowed to take any military surplus gear with you, and will not be allowed to return for Court Services.

This is a 100% drug and alcohol free event. NO PETS are allowed. All personal possessions, medications and weapons will be checked in at the gate with Security and returned to you when you leave.

Failure to follow the rules may lead to immediate expulsion from the Stand Down.

To expedite registration onsite, please bring a copy of your DD Form 214 or VA medical card.

You are signing up as a Veteran, not a Volunteer. Is this your intention? Yes

| | | | | | | |
|---|---|------------|------|-----------------------------------|----------------------------------|--|
| Name | | Phone | | Work Phone | | |
| Address | | | City | | Zip Code | |
| SSN | | Birth Date | | e-mail | | |
| Family Information | Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower | | | | | |
| | If Married, spouse's name | | | Number of children | | |
| | Will your family members be attending the Stand Down? <input type="checkbox"/> Yes <input type="checkbox"/> No (Family members are ONE wife/significant other and underage children only.) | | | | | |
| Military Service Information | Branch of Service <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy | | | | | |
| | If other, please specify | | | <input type="checkbox"/> Disabled | <input type="checkbox"/> Retired | |
| | War Zone? <input type="checkbox"/> Afghanistan <input type="checkbox"/> Bosnia <input type="checkbox"/> Iraq <input type="checkbox"/> Korea <input type="checkbox"/> Lebanon <input type="checkbox"/> Panama <input type="checkbox"/> Persian Gulf <input type="checkbox"/> Vietnam <input type="checkbox"/> WWII <input type="checkbox"/> Other | | | | | |
| Services Required | VA <input type="checkbox"/> Agent Orange <input type="checkbox"/> Counseling <input type="checkbox"/> Medical/Dental <input type="checkbox"/> Veterans Benefits | | | | | |
| | Other <input type="checkbox"/> Child Support Services <input type="checkbox"/> CMSP/Medi-Cal <input type="checkbox"/> Clothing <input type="checkbox"/> DMV <input type="checkbox"/> Employment Assistance <input type="checkbox"/> Food Stamps <input type="checkbox"/> Shelter/Housing Referral <input type="checkbox"/> Sleeping Bags/Blankets <input type="checkbox"/> SSA/SSI/SSDI <input type="checkbox"/> Voicemail/PO Box | | | | | |
| COURT SERVICES <i>Depending on the Judges' availability</i> | County(s)? <input type="checkbox"/> Napa <input type="checkbox"/> Solano <input type="checkbox"/> Sonoma <input type="checkbox"/> Yolo Please fill out the Court Intake form (next page) and fax with Registration and DD Form 214/VA Medical card. You MUST either pre-register OR sign up for Court Services ASAP on October 13th! | | | | | |
| Medical and Mental Services Needed | <input type="checkbox"/> Dental <input type="checkbox"/> Drug/Alcohol Treatment Referral <input type="checkbox"/> Feet <input type="checkbox"/> Gulf War Syndrome <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Mental Health <input type="checkbox"/> PTSD <input type="checkbox"/> Skin <input type="checkbox"/> Other | | | | | |
| | If other, please specify | | | | | |
| | Special Accommodations Needed? (Vision/Mobility?) | | | | | |
| Statistical Data | Are you able to work? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| | Do you currently receive <input type="checkbox"/> VA Disability or Compensation Benefits <input type="checkbox"/> SSI/SSA/SSDI <input type="checkbox"/> Unemployment <input type="checkbox"/> General Assistance <input type="checkbox"/> Other Benefits | | | | | |
| | Where did you hear about the Stand Down? <input type="checkbox"/> Friend <input type="checkbox"/> VA <input type="checkbox"/> County Veterans Services <input type="checkbox"/> Social Worker <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> Poster <input type="checkbox"/> Other _____ | | | | | |

To be completed by County VSO/VA Official ONLY

Date of Registration: _____ Verified Service From _____ to _____

Character of Service _____

Current Benefits: VA Compensation Pension Education

Amount \$ _____ Sent to address _____

Verified Disabilities _____

Service connected? _____% VA Claim number _____

Signature of County VSO/VA Official _____ Date: _____

**Please fax to the Solano County Veterans Services Office at (707) 784-0927
with a copy of your DD Form 214 or VA medical card
and the Court Intake Form (if Court Services are requested).**

**North Bay Stand Down
Court Intake Form**

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

| | | | |
|---------------------------------|-------------------------------|-------------------------------|---------------------------------|
| <input type="checkbox"/> SOLANO | <input type="checkbox"/> NAPA | <input type="checkbox"/> YOLO | <input type="checkbox"/> SONOMA |
|---------------------------------|-------------------------------|-------------------------------|---------------------------------|

| | | |
|---|----------------------------|--|
| NAME (Last, First, MI) AND AKA | | TENT ASSIGNMENT # (To be filled in on Oct. 13 th at the Stand Down) |
| ADDRESS (Street, City, State, ZIP) | | TELEPHONE NUMBER |
| DATE OF BIRTH | SOCIAL SECURITY NO. | DRIVERS LICENSE NO. & STATE |
| | | IF NONE, WHEN LOST - DATE _____ |
| CHARGE(S) – LIST ALL | | COUNTY/STATE |
| | | |

| RESEARCH | |
|---|---|
| <input type="checkbox"/> No cases found on CORPUS | <input type="checkbox"/> CORPUS cases found (SEE ATTACHED PRINTOUTS) |
| <input type="checkbox"/> No cases found on CASP | <input type="checkbox"/> CASP cases found (SEE ATTACHED PRINTOUTS) |
| <input type="checkbox"/> No cases found in system | <input type="checkbox"/> Out-of-County cases found (SEE ATTACHED PRINTOUTS) |

| CONTROL |
|--|
| <input type="checkbox"/> Veteran received copy of Out-of-County letter |

Faxed by _____
 Volunteer Name Date & Time