

MISSION RECONNECT: APPLICATION

ABOUT THE VETERAN:

Name _____ Age _____ Sex: Male ___ Female ___

Mailing address _____

Phone: Home _____ Work _____ Cell _____

Email _____ Is email a good way to reach you? Yes ___ No ___

Race/ethnicity: American Indian/Alaska Native ___ Asian ___ Black/African American ___ Hispanic/Latino ___
Pacific Islander ___ White (not Hispanic/Latino) ___ Other _____

Language(s): Spoken: _____ Read: _____

Education: Some High School ___ HS grad/GED ___ Some college ___ Tech school ___ BA/BS ___ Grad degree ___

Religious preference (if any): _____

Deployment(s): OIF? No ___ Yes ___ Dates _____
OEF? No ___ Yes ___ Dates _____

Military branch and unit: _____

Current military status: _____

ABOUT THE PARTNER:

Name _____ Age _____ Sex: Male ___ Female ___

Mailing address _____

Phone: Home _____ Work _____ Cell _____

Email _____ Is email a good way to reach you? Yes ___ No ___

Race/ethnicity: American Indian/Alaska Native ___ Asian ___ Black/African American ___ Hispanic/Latino ___
Pacific Islander ___ White (not Hispanic/Latino) ___ Other _____

Language(s): Spoken: _____ Read: _____

Education: Some High School ___ HS grad/GED ___ Some college ___ Tech school ___ BA/BS ___ Grad degree ___

Religious preference (if any): _____

Military service? No ___ Yes ___ If yes, dates of service _____ Branch _____

ABOUT THE RELATIONSHIP: Do you live in the same household? Yes ___ No ___

Type of relationship: Spouse or life partner ___ Parent-child ___ Other relative ___ Friend ___

How long have you known the veteran? ___ years ___ months

Please mail or fax this form to:

William Collinge, PhD
Collinge and Associates
3986 N Shasta Loop, Eugene, OR 97405
Fax: (207)510-8060, or email to william@collinge.org
For more information: (207)423-0640
or visit www.collinge.org