



INTERNTY

For Office Use Only:

____ POA
____ 0845 ____ 0781a
____ Referral / Date _____

Welcome to INTERNTY and thank you for reaching out to us for your needs. Below are our standard intake questions that allow us to gather important information to determine if we can help you directly or if one of our partners or affiliates would be a better match.

Name	Phone
Address	

1. Please indicate why you need help from INTERNTY. Initial all that apply.

<input type="checkbox"/>	Medical / Mental Health Advocacy – Record Issues / Access to Care / Facilitated Communication
<input type="checkbox"/>	Community Interventions – Employment, Education, Housing, Social
<input type="checkbox"/>	Comfort Animals – Matching / Adoption / Emergency Care / Advocacy
<input type="checkbox"/>	VBA Claims Issues – stalled or denied claims, decrease in benefits, claim errors

How would you like Internity to help you?

2. If you are seeking help with claims issues, what is your present level of compensation?

Y / N	Are you presently rated for a disability or multiple disabilities through the Veterans Administration?		
What (if any) are your individual percentages?		What is your total percentage?	
Y / N	Is any part of your rating covered under IU?	Y / N	Do you have a P&T designation?
Many VHA and Partner Services have Income Eligibility criteria. What is your total monthly income?			

3. Advocacy History

Which Veterans Service Organizations have you worked with in the past? DAV VFW AL PVA IAVA AMVETS MOPH OTHER			
Y / N	Did you revoke your power of attorney?		
Y / N	Have you written a letter or contacted anyone within the VA system OR legislature for help?		
Whom?		When?	
What was the result?			

I certify that all information contained herein is true to the best of my knowledge, information, and belief. I understand that neither INTERNTY, nor its agents and/or volunteers, make any promises or guarantees, either express or implied, as to the resolution of my case. _____ I understand that if my case is opened by the Veterans Benefits Administration for review, there is a possibility that my benefits may be reduced. _____ I also understand and agree that while I am a client of INTERNTY, I will be in a client / coaching relationship with a Certified Life Coach / MST Advocate. I understand that this is a mentorship relationship only, and no services can be construed or interpreted as therapeutic. _____ I further understand that claims services are provided on a contingency basis. If my case is successfully resolved and I receive a substantial increase in benefits, I volunteer to pay their efforts forward by making a one-time donation (suggested is 3% of any back awards) and further supporting their mission by making a monthly donation (suggested is twelve (12) \$22 monthly donations) to help another client who is in need. _____ In addition, I understand that INTERNTY, its agents, employees, or volunteers, may terminate their advocacy at any time, for any reason, and in their sole discretion. They reserve the option to close or refer my case to another entity. I will not retain, engage, or employ another organization, attorney, or entity to work on my claim as long as I am working with INTERNTY. _____ I also agree that if for any reason I no longer desire the assistance of Internity, I will give INTERNTY notice in writing. However, if my file has already been processed by INTERNTY, I will continue with their advocacy until after I receive an award or denial from the Veterans Benefits Administration. _____ I further understand that INTERNTY uses volunteers to further its mission, including advocacy work and correspondence on my behalf. I agree to release and hold harmless INTERNTY, its agents, employees, and volunteers, to the maximum extent permitted by law. I further agree that, should any dispute arise as to this agreement or the enforceability thereof, such suit shall be filed in the District Court of Maine and said suit shall be governed by the laws of the State of Maine, excluding Maine's conflict of law principles.

Signature

Date