**Veteran Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 First MI Last

**What County are you currently in?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-Mail Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Best time to reach you?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Alt. Phone Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you hear about Family & Friends**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **First time seeking service from Family & Friends**? YES NO

**If NO, explain**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you or a member of your immediate household served in the military**? Yes No **Branch of service**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Entered Military Service:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Discharge Type?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Separated Military Service:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Copy of DD214?** Yes No

**Net Active Duty Served:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Served in Theater of Operation?**

 WWII Korean War Vietnam Persian Gulf

 Afghanistan Iraqi Freedom Iraq-Operation New Dawn

 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth**: (mm/dd/yyyy) \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ **Social Security Number:** \_\_ \_\_ \_\_ - \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_

Age: \_\_\_\_\_\_\_\_ Gender:  Male  Female Transgender M to F Transgender F to M Doesn’t identify as male, female or transgender

**Primary Race (Choose ONE): Ethnicity (Choose ONE):**

 American Indian or Alaska Native White Hispanic/Latino Non-Hispanic Don’t Know

 Black or African Native Hawaiian or Pacific Islander Refused

 Don’t Know Refused Other

 **Highest Level of Education (choose one)**

**Primary Language (Choose ONE):**  Less than High School \_\_\_\_\_\_\_ (grade) GED

 English Polish Spanish High School Diploma Some College \_\_\_\_\_\_\_ (years)

 Russian French Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ College Degree \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (degree)

**Do you have a Disability of long duration?**  Yes No

**Disability Type (Choose ALL that apply):**

Developmental Physical Alcohol Abuse Drug Abuse Both Alcohol and Drug Abuse

 Chronic Health Condition Mental Health Problem Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ None

**Diagnosis**  **Are you receiving treatment?**  Yes No
 **If yes, what kind?**

**Number of Visits to the ER in the past year \_\_\_\_\_ Number of nights as an inpatient in the past year \_\_\_\_\_\_\_\_\_**

**Do you have health insurance?**  Yes No **Type of Coverage:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Marital Status:**  Single Married Separated Divorced Widowed Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Victim of Domestic Violence**  Yes No

If Yes, when was the last incident? 0 - 3 months 3 – 6 months 6 – 12 months More than a year

**Total Monthly Income of Household** $\_\_\_\_\_\_\_\_\_\_\_

**Sources:**

Service Connected $ \_\_\_\_\_\_\_\_\_\_ Wages $
SSI $ \_\_\_\_\_\_\_\_\_\_ SSDI $

Workers Comp $ \_\_\_\_\_\_\_\_\_\_ Retirement $

Unemployment $ \_\_\_\_\_\_\_\_\_\_ Pension $
GI Bill $ \_\_\_\_\_\_\_\_\_\_ TANF $

Alimony/ Spousal $ \_\_\_\_\_\_\_\_\_\_ Child Support $ \_\_\_\_\_\_\_\_\_\_ General Assistance $ \_\_\_\_\_\_\_\_ Other $ \_\_\_\_\_\_\_\_

**Non-Cash Benefits**

 Food stamps $ \_\_\_\_\_\_\_\_\_ WIC TANF childcare Section 8

 Temporary rent assistance Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have the ability to secure employment within the next few months?**  Yes No

**History of Homelessness:**

**Are you homeless? Yes No Where did you stay last night? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Continuously homeless for at least one year? Number of time homeless in the last three years? \_\_\_\_\_\_\_\_\_\_\_\_**

 **Yes No If 4 or more, total number of months homeless in the last three years? \_\_\_\_\_\_**

**If homeless, length of time on the street, in shelter, or place not meant for human habitation, motel paid for by charitable organization.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total number of months continuously homeless immediately prior to today? \_\_\_\_\_\_ (1+ days = 1 month)**

**Chronically Homeless? Yes No**

**Last Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From (Date): \_\_\_\_\_\_\_\_ To (Date): \_\_\_\_\_\_\_\_**

 **Street Apt. #**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Length of time at last address:**

1 day or less 2 days - 1 week > 1 week but < 1 month

1 – 3 months > 3 months but < 1 year 1 year or longer

**Do you have a place to stay tonight?**  Yes No **If No, where referred:**

**Are you at risk of becoming homeless?** Yes No **Do you have an eviction notice?** Yes No

**Have you had any criminal convictions in the last 5 years**?  Yes No

If YES, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Number of nights in a Jail, Prison or Holding Cell in the past year** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RELEASE OF INFORMATION**

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby authorize

 Veteran’s Name SSN

 To release information to Family & Friends Veteran’s Program pertaining to my:

 \_\_\_\_ Medication list.

 \_\_\_\_ Medical records indicating TB results, HIV results, and Immunizations dates.

 \_\_\_\_ Laboratory reports, including blood test, drug/alcohol screening

 \_\_\_\_ Medical and Clinical progress notes

 \_\_\_\_ Bio/Psycho/Social reports

 \_\_\_\_ Admission and Discharge summary reports.

 \_\_\_\_ Claims Records.

For the purpose of provision of transitional housing through VA/ Family& Friends Program cooperative under the auspices of the VA Grant and Per Diem Program.

I understand that authorization shat remain valid from the date of my signature below and one year thereafter ending on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I have been informed that may revoke this authorization by written or oral communication to the Family and Friends Veteran Program. I certify that this form has been fully explained to me and that I understand its contents.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Veteran Date of Authorization

|  |
| --- |
| **ILLEGAL ACTS****COMMITTED ON PREMISE****ACKNOWLEDGEMENT** |

Family & Friends reserves the rights to obtain assistance from law enforcement response to legal acts committed on its premises or when such assistance appears necessary to protect the safety of it employees or persons served.

Such illegal acts include but are not limited to:

* Anyone bringing a gun onto the property
* Acts or threats of violence;
* Someone who is not a client bringing an illegal substance on the property;
* A client either providing, or appearing to have to have intention of providing, an illegal substance to another client

|  |
| --- |
| **ALCOHOL, OTHER DRUG USE, POSSESSION OR PARAPHERNALIA** |

* Alcohol, illegal drugs, drug paraphernalia, or other drugs not prescribed are prohibited on the

 premises.

* We expect you will be free of alcohol and other drugs unless prescribed.
* You will be asked to submit to random urinalysis or breathalyzer test as a requirement of you

 treatment.

|  |
| --- |
| **ENABLING** |

We expect you to inform staff when you have knowledge or suspect another individual in treatment is using or planning to use alcohol or other drugs; or has committed or is planning to commit a serious rule violation.

\*I have read and agree to abide by the above statements.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Veteran Date of Authorization