

**New Mexico Veterans Integration Centers
(NMVIC)
Resident Intake Documents**

Application for Admission

Privacy Statement: The NMVIC declares that any information collected from the veteran will be deemed confidential. This information may only be shared by the entities agreed to by the veteran on the release of information form, or as otherwise required by law.

Conditions for Admission: Applicant must 1) be an honorably discharged veteran of any branch of the Armed Services of the USA; 2) be clean and sober for at least twenty-eight (28) days and submit to a pre-placement drug screen; (3) have a recovery plan that includes weekly attendance at drug/alcohol outpatient support groups either through the VA, HCH Outreach Program, AA, or a mental health program; (4) lack fixed or permanent housing; (5) be medically or mentally stable enough to live safely in a community living setting; (6) be willing to follow program goals and requirements; (7) be willing to actively search for employment within the first thirty (30) days of residency; (8) be willing to engage in constructive daily activities if on disability; (9) be willing to transition to an independent living situation within two (2) years; (10) abide by the NMVIC's alcohol and drug-free environment; and (11) provide proof of insurance, car registration, and a valid driver's license if a personal vehicle is brought on campus.

Date _____

Name _____
Last First Middle

Social Security No. _____ Age _____ Gender _____ M _____ F

Date of Birth _____

Current Mailing Address _____
No. Street City Zip

Phone Number(s) With Area Code _____

Emergency Contact Name and Phone Number(s) With Area Code: _____

Military History

Are you a veteran who has an "Honorable" discharge? Yes _____ No _____
If other than an "Honorable" discharge, the Program Director must approve admission.

Military Branch _____

Are you a combat veteran? Yes _____ No _____

In which era(s) did you serve?

WWII _____ Korea _____ Vietnam _____ Gulf War I _____ OEF/OIF _____

Other _____

Dates of Service _____

Accommodations

Do you require special accommodations? Yes _____ No _____

Please specify accommodations required:

Medical/Health Information

Do you have any medical conditions that may require specialized care (heart problems, cancer, high blood pressure, COPD, asthma, etc.)? Yes _____ No _____

If yes, please specify the disease(s)/illness(es). _____

Do you have a serious medical condition or contagious disease (hepatitis, HIV, AIDS)? Yes _____ No _____

If yes, please specify the condition/disease. _____

Do you have any mental or behavioral health conditions that may require specialized care?

Yes _____ No _____ If yes, please specify the condition. _____

Are you under the care of a doctor for any disease(s) or illness(es)? Yes _____ No _____

If yes, please specify the disease(s)/illness(es). _____

Please list all prescribed medications. _____

Drug/Alcohol/Substance Use

Do you have a dependency on:

Alcohol Yes _____ No _____

Illicit Drugs Yes _____ No _____

Prescription Drugs Yes _____ No _____

If yes, please specify. _____

Have you been clean and/or sober for the past twenty-eight (28) days? Yes _____ No _____

Are you in a treatment program? Yes _____ No _____

If yes, name of program/location? _____

What is the date you are projected to be discharged from this program? _____

Do you attend AA or NA support meetings? Yes _____ No _____

Legal History/Information

Do you currently have any outstanding warrants? Yes _____ No _____

If yes, please explain. _____

Are you a registered sex offender in the state of New Mexico or any other state? Yes _____ No _____

If yes, in which state? _____

Do you have a probation officer? Yes _____ No _____

If yes, what is the officer's name? _____

What is the officer's telephone number? _____

Family History/Information

Married _____ Divorced _____ Separated _____ Single _____ Widowed _____
Do you have children living with you? Yes _____ No _____

If yes, how many? _____

Vehicle/Driver Information

Do you have your own vehicle? Yes _____ No _____

Make _____ Model _____ License Plate No. _____ State _____

What is your drivers license number? _____

In which state is your drivers license issued? _____

What is the date of expiration? _____

What is the name of your automobile insurance company? _____

Resident Name – Printed _____ Signature _____

NMVIC Staff Name - Printed _____ Signature _____

NMVIC Staff Name - Printed _____ Signature _____

NMVIC Staff Name - Printed _____ Signature _____

Admitted Yes _____ No _____ Date _____

Authorization for Release and Exchange of Information

This release authorizes the disclosure and exchange of information for the purpose of coordinating treatment and services.

I, _____, hereby authorize the NMVIC to disclose, release, and exchange confidential information on a continual basis to the agency or individuals listed below for the purpose of coordinating treatment and services.

Please initial next to each checked item.

- _____ New Mexico Department of Veterans Services
- _____ New Mexico VA Health Care System
- _____ Social Security Administration
- _____ New Mexico Department of Probation and Parole
- _____ Homeless Management Information Systems

Other: _____

I authorize the above named agency to exchange information regarding the following.

Please **INITIAL** next to each item.

- _____ Medical condition
- _____ Psychiatric condition
- _____ Substance use
- _____ Other (specify) _____

I understand that this permission may be revoked by me upon my written request. Otherwise, this authorization will remain in effect until sixty (60) days after I am discharged from the NMVIC.

Resident Name – Printed

Signature

NMVIC Staff Name – Printed

Signature

Date

Authorization and Consent for Background Check

By signing this Authorization and Consent for Background Check, I acknowledge that the New Mexico Veterans Integration Centers (the "NMVIC"), a New Mexico non-profit corporation and/or its agent, may now or at any time after I am admitted to the program conduct investigations of public, private, or confidential records into my background. I understand that these investigations may include, but are not limited to, searches of social media sites; educational institutions that I attended; records of commercial or retail credit agencies; records of previous employment; records related to my military service; records from the U.S. Veterans' Administration; criminal history information on file in local, state, or federal courts or agencies; national and local sex offender databases; and motor vehicle records.

I hereby authorize and instruct all corporations; companies; former employers and supervisors; credit agencies; educational institutions; law enforcement/criminal justice agencies; city, state, county, and federal courts; state motor vehicle bureaus; and persons to release information they may have about me to the NMVIC or its agent. I further authorize the National Personnel Records Center, or other custodian of my military service records, to release to the NMVIC the following information and/or copies of documents from my military service record: DD214, service record, and any disciplinary records.

I hereby forever release and hold harmless the NMVIC and its employees, officers, directors, and agents to the full extent permitted by law from any claims, damages, losses, liabilities, costs, expenses, or any other charge or complaint arising from or related in any way to the retrieval or reporting of this information.

After reading this document, I fully understand its contents and authorize the background verification.

_____ Resident Name – Printed	_____ Signature
_____ NMVIC Staff Name – Printed	_____ Signature
_____ Date	

Participation Fees Agreement

PARTICIPATION FEES – Residents will pay up to 30 percent of their monthly income toward participation fees. The maximum amount any resident will be charged is \$400 or the HUD Fair Market Rent (FMR) Value, whichever is less. For individuals in a shared room, this amount will be up to one half of FMR Value. Management reserves the right to charge up to FMR for any single room required for specific Veteran needs.

PERSONAL PURCHASES – The NMVIC will provide a weekly food basket and basic cookware. Resident is responsible for purchasing all other personal items. Resident should notify his/her Case Manager if he/she is not financially able to purchase these articles.

UNAUTHORIZED ABSENCE/OCCUPANCY TERMINATION – Resident agrees that if he/she leaves the program without prior notification, or if his/her occupancy agreement is terminated for any reason, no portion of the fees paid to the NMVIC will be refunded.

Total Monthly Income: \$ _____

I, the undersigned, understand and agree to the aforementioned financial requirements.

Resident Name – Printed

Signature

NMVIC Staff Name – Printed

Signature

Date

Release of Information

I, _____, give my permission for any and all information gathered by the staff members of the New Mexico Veterans Integration Centers (NMVIC) to be shared with other NMVIC staff members in confidence to ensure program rules are adhered to and to assist with the success of my participation in the NMVIC program and treatment plans.

Resident Name – Printed

Signature

NMVIC Staff Name – Printed

Signature

Date