



Veterans MUST read before Interview

You are being assessed for your enrollment into the Emergency and/or Transitional Housing Program offered by the Veterans Integration Centers (VIC). All questions need to be completed in order for our team to determine eligibility and what the best course of action is to help you in your road to recovery. NO one question will make you Ineligible for services, so please be truthful and complete in your answers.

As part of the assessment process, you are being informed of the basic requirements IF enrolled in one of our programs:

1. Veterans are subject to a 7-day probationary period in which the VIC can elect to terminate services based on your commitment, participation and adherence to all VIC policies & procedures.
2. Veterans, and their family members, are NOT allowed to use illegal drugs or alcohol at any time and will be tested randomly.
3. Veterans cannot refuse random or mandatory drug or alcohol testing by VIC employees.
4. Veterans may have any discharge type EXCEPT Dishonorable.
5. Veterans are required to conduct monthly volunteer or community services hours as part of enrollment in our Transitional Housing program.
6. For Veterans who have a history of substance use (including alcohol), you are required to attend drug or alcohol outpatient treatment or support groups either at the VA, Healthcare for the Homeless, or a community mental health or substance use support program.
7. If deemed ELIGIBLE to work, the Veteran will be required to actively search for employment beginning after completion of the first 30-days of enrollment.
8. Veterans without family are required to live with roommates in our Transitional Housing facility and adhere to all rules and policies in place.
9. Veterans, and family members, consent to background checks as part of enrollment eligibility into VIC programs, BUT, criminal history does not necessarily disqualify you.
10. Veterans may be required to provide a Participation Fee based on their unique situation monthly to the VIC, as directed by their case manager.
11. All participants are required to authorize the VIC to enter your data into the Homeless Management Information System (HMIS), a database used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness.

Privacy Statement: The VIC declares that all information collected from the Veteran or their family member(s) are considered CONFIDENTIAL. The VIC will not share information on you or your case unless you sign a Release of Information, or other document as required by state or federal law.



Veterans Integration Centers Consent to Interview for Transitional Housing Enrollment

All VIC programs are voluntarily and established to work with Veterans, and their families, that are literally or at-risk of homelessness in New Mexico. In doing so, the VIC applies the Housing First model of homeless prevention. This approach provides *“permanent housing to people experiencing homelessness, thus ending the homeless event and serving as a platform for which they can pursue personal goals and improve their quality of life.”*

In our effort to apply this model to all VIC programs, we provide Emergency and Transitional Housing to Veterans, and their family members, in a supportive environment that enables you to address your barriers to independence and self-sufficiency. In doing so, Veterans must meet basic eligibility guidelines for each program and be willing to comply with policies and rules in place to ensure a safe and supportive living environment.

The following are the basic requirements for our Transitional Housing program. If you are willing to accept these criteria, and adhere to the policies of the VIC, we will consider you for enrollment into the Transitional Housing program.

All Residents must:

1. Be a Veteran of the U.S. Armed Forces.
 2. Have a Discharge type of any kind, with the exception of DISHONORABLE.
 3. Willing to:
 1. Complete a panel interview and provide honest and open answers to the questions asked by the interview panel.
 2. Remain clean and sober from alcohol.
 3. Not use or possess any illegal drugs.
 4. Conduct random alcohol and drug testing.
 5. Comply with all VIC Transitional Housing program policies and procedures.
 6. Attend all mandated meetings with your case manager and VIC staff supporting your enrollment.
 7. Work to achieve all goals established by you and your case manager as created on your Individual Stability Plan (ISP).
 8. If EMPLOYABLE: work towards employment attainment to increase your ability to be self-sufficient and independence.
 9. Complete Volunteer Service hours, as prescribed by the TH program standards.
 10. Pay a Participation Fee in accordance with VIC TH Fee Schedule for those having income now or in the future.
 11. Attend all medical or other healthcare appointments to help improve your overall health and wellness, as needed.
 12. Attend life skills classes and education to help improve your ability to be independent after exit from the TH program.
 4. If you have a history of Substance Use, attend weekly drug and/or alcohol treatment that may include support groups and therapeutic treatment.
 5. **Live in the Transitional Housing campus.**
-

I am **WILLING / NOT WILLING** to be considered for the VIC Transitional Housing Program.

Print Name of Applicant

Signature of Applicant

Date

Application for Enrollment Emergency or Transitional Housing

General Information	
Date Submitted: _____	Email of Applicant: _____
Veteran Name: _____	
Last	First
Have you every used or been known by any other name? (If yes, please list) _____	
SSN Number: _____	Cell Phone Number: _____
Date of Birth: _____	Gender: Male Female Transgender Other
Where did you stay last night? shelter, car, streets, friend's house, jail _____	
How long have you been staying there? _____	
How many times have you been homeless in the last 3 years? _____	
About how many months have you been homeless in total? _____	
Tell us about your last PERMANENT residence	
City _____	State _____
Zip Code _____	
From _____	To _____
Why did you leave there? _____	
Prior Evictions? YES NO	Delinquent Debts? YES NO
Delinquent Utilities? YES NO	
Military Service Information	
Have you ever served in the Military? YES NO	Branch: ARMY USAF NAVY USMC COAST GUARD SPACE FORCE
Do you Have a DD214 or NGB22? YES NO	Status: Active Reserve National Guard
Dates of Service	
From: _____	To: _____
<i>*If multiple periods or branches, please list most recent and let VIC employee know</i>	
Discharge Type: HONORABLE GENERAL OTHER THAN HONORABLE BAD CONDUCT	
<i>* Entry Level or Dishonorable Discharges are not eligible for VIC programs</i>	
If you have served in a Combat Zone, WWII Korea Vietnam Desert Storm OIF OEF please circle	
Other (explain) _____	

HUD-VASH

Have you ever applied for a HUD-VASH housing voucher at anytime, in any state? YES NO

If YES, when and where? _____

If YES, who was your case manager? _____

Marital and Emergency Contact

Marital Status: Married Single Divorced Common Law Widow Separated

Do you have any children? YES NO
(If yes, please name and location) _____

Family or Emergency Contact Name & Number
(if you don't have one, you can list NONE) _____

Medical Information

Are you registered or have you received VA Healthcare Services? YES NO
(If you have a VA ID Card please provide a copy)

Do you have any of the following?
(circle all that apply)

MEDICARE MEDICAID PRIVATE INSURANCE TRICARE NO INSURANCE

Do you have any physical disabilities or limitations?
(If YES, please explain, or put NO) _____

Do you need any special accommodations?
(ex. wheelchair, walker, cane, shower chair, ADA bathroom, etc) _____

Do you have, or have you been diagnosed with any physical health conditions?
(Circle all that apply)

COVID-19 Asthma COPD Hepatitis A, B, or C Hypertension High or Low Blood Pressure
Arthritis Cancer Diabetes Cirrhosis of the liver Gastrointestinal issues Other : _____

Do you, or have you had, any serious medical conditions or contagious diseases?

COVID-19 Hepatitis HIV / AIDS Tuberculosis Sexually Transmitted Diseases or Infections
MRSA / Staph Infections Hepatitis A Other Medical Issues: _____

Do you have, or have you been diagnosed with a mental or behavioral health disorder?

Anxiety Disorders Depression Bipolar Disorder Post Traumatic Stress Disorder Schizophrenia
Disruptive behavior or dis-social disorders Personality Disorders Autism Other: _____

Are you vaccinated against COVID-19? YES NO

Are you under the care of a doctor for any problem?

(If YES, please specify & Doctor name) _____

Please list all legally prescribed medications: _____

Do you have, or have you ever been diagnosed with, a substance use disorder, or felt that you struggled with drugs or alcohol at anytime in your past or present?

(circle all that apply)

Opioid Use Disorder Marijuana Use Disorder Stimulant Use Disorder Sedative Use Disorder
Hallucinogen Use Disorder Alcohol Use Disorder Nicotine Use Disorder

If YES, how long have you been taking them or drinking excessively? _____

When was the last time you used and what kind? _____

Have you ever been in a drug, alcohol or mental health treatment program? _____

(If yes, when & where)

If currently enrolled, what is your projected graduation date? _____

Are you currently attending an AA or NA group? _____

(If yes, how often)

Legal

Do you currently have any outstanding warrants in any state?

(If YES, charge, location, date of arrest) _____

Have you ever been convicted of ARSON or a SEXUAL OFFENSE? _____

(If YES, when, where, disposition)

Have you ever been arrested, charged, held or otherwise placed in jail for any length of time?

(If YES, please list by state)

Are you on Probation or Parole?

(If YES, name and contact # for your parole officer) _____

Are you required to register as a sex offender? _____

(If YES what state and when?)

INCOME

Do you have any income? YES NO

(circle all that apply)

Alimony Earned Income Unemployment SSI SSDI Child Support WIC SNAP TANF
VA Service Connect Disability VA Non-Service Connect Disability Other

If you receive income, list amount by type _____

If OTHER, list type and amount _____

If employed, full or part-time please list company, location, hourly rate and job title _____

PERSONAL

Are you a Survivor of Domestic Violence? YES NO

If YES, when did this occur? _____

Highest Education Level Completed (Circle all that apply)

GED High School Diploma Vocational Certificate Associates Bachelors Masters PhD
Other (please explain) _____

Do you have a vehicle with you? YES NO **If YES, please provide copy of registration and insurance to VIC representative*

Driver License or Stated ID # _____ **State** _____

Expiration Date: _____

Race (Circle all that apply)

Asian White American Indian Hawaiian or Pacific Islander Black or African American Decline to Answer

Ethnicity (Circle one) Hispanic or Latino Not Hispanic Decline to Answer

I certify that the information in my application is true, correct and to the best of my knowledge. I further understand that if I provide false or misleading information that the VIC has the right to deny or termination services to me, and I may be terminated at any time if I do not comply with all VIC policies and regulations relating to the Emergency or Transitional Housing programs

Print Name of Veteran

Signature of Veteran

If Emergency Housed, name of VIC representative helping you

FAMILY MEMBERS SECTION

Spouse or family member

_____ **Last** _____ **First** _____ **MI**

Have you ever used or been known by any other name?
(If yes, please list) _____

SSN Number : _____

Cell Phone Number: _____

Date of Birth: _____

Gender: Male Female Transgender Other

Are you a survivor of domestic Violence? YES NO

If YES, when did this occur? _____

Highest Education Level Completed (Circle One)

GED High School Diploma Vocational Certificate Associates Bachelors Masters PhD
Other (Please explain) _____

Race (Choose all that apply)

Asian White American Indian Hawaiian or Pacific Islander Black or African American Decline to Answer

Ethnicity(Circle one) Hispanic or Latino Not Hispanic Decline to Answer

INCOME

Do you have any income? YES NO
(circle all that apply)

Alimony Earned Income Unemployment SSI SSDI Child Support WIC SNAP TANF
VA Service Connect Disability VA Non-Service Connect Disability Other

How much money do you have on hand? _____

What is your bank account balance (estimate)? _____

If you receive income, list amount by type _____

If OTHER, list type and amount _____

If employed, full or part-time please list company, location, hourly rate and job title

Legal

Do you currently have any outstanding warrants in any state?
(If YES, charge, location, date of arrest) _____

Have you ever been convicted of ARSON or a SEXUAL OFFENSE? (If YES, when, where, disposition)

Have you ever been arrested, charged, held or otherwise placed in jail, for any length of time?

(If YES, explain)

Are you on Probation or Parole?

(If YES, name and contact # for your parole officer) _____

Are you required to register as a sex offender?

(If YES what state and when) _____

To Be Completed by Parent for CHILD under 18 Years Old

Child 1

_____ **Last**

_____ **First**

_____ **MI**

Date of Birth: _____

Gender:

Male

Female

Transgender

Other

Race (Choose all that apply)

Asian

White

American Indian

Hawaiian or
Pacific Islander

Black or African American

Decline to Answer

Ethnicity (Circle one)

Hispanic or Latino

Not Hispanic

Decline to Answer

Is the child currently enrolled in school?

(If YES, please list school and grade) _____

To Be Completed by Parent for CHILD under 18 Years Old

Child 2

_____ **Last**

_____ **First**

_____ **MI**

Date of Birth: _____

Gender:

Male

Female

Transgender

Other

Race (Choose all that apply)

Asian

White

American Indian

Hawaiian or
Pacific Islander

Black or African American

Decline to Answer

Ethnicity (Circle one)

Hispanic or Latino

Not Hispanic

Decline to Answer

Is the child currently enrolled in school?

(If YES, please list school and grade) _____



NM HMIS Client Consent Form

Veterans Integration Centers (VIC)

The New Mexico Coalition to End Homelessness, on behalf of the New Mexico Continuums of Care, the New Mexico Mortgage Finance Authority and the City of Albuquerque, administers a computerized record keeping system, NM HMIS, which captures information about people experiencing homelessness, including their service needs. Many New Mexico agencies have decided to use NM HMIS as their data management tool to collect information on the clients they serve and the services they provide.

How this process can benefit you is that basic information that you provided in your intake interview can be shared, with your written consent, from this service program to the other collaborating agencies that agree to adhere to privacy protection and confidentiality rules. The direct benefit to you is that this may speed up any future intake interviews at other agencies.

If you consent, you are providing permission to enter and securely store your information, as well as that of your household members in NM HMIS, as well for the Veterans Integration Centers (VIC) to share your intake information with the other collaborating agencies to be used for an initial intake assessment. This information includes basic demographic information, residential, employment skills/ income, military/ legal. This will not take place unless you provide written consent. Medical, mental health or substance use history will be shared only with the New Mexico Coalition to End Homelessness for the purpose of compiling data summaries, but will not be shared with any other agency.

You can choose to have any information that you have shared deleted from the system at any time. The information that you provide will also be used for reporting requirements and advocacy (without any identifying information).

Your consent is helpful to our agency because it makes record keeping for our agency more efficient, **but your consent is not required for you to receive services from our agency.**

I, _____
(Participant Name Printed)

DO CONSENT

DO NOT CONSENT

to have information (demographic, residential, date of birth, social security number and veteran status) that I provided in intake interviews to staff at the agency named below to be shared electronically with the other collaborating agencies using NM HMIS, and to have other personal information (medical, mental health, substance use history, income, housing, goals and outcomes) that I provided in intake and exit interviews to staff at the agency named below to be shared electronically with the New Mexico Coalition to End Homelessness for the purpose of compiling data summaries.

I understand that I may ask to have this information removed from NM HMIS at any time in the future

Participant Signature

Date

Agency Signature

Date

Veterans Integration Centers (VIC)
CONSENT FOR RELEASE / EXCHANGE OF CONFIDENTIAL INFORMATION

Instructions: To be signed by households that intend to receive Services by VIC programs. This form allows the Case Management team to discuss your case with other service providers and exchange information in support of your individual plan of support toward housing stability.

I _____ authorize the Veterans Integration Centers (VIC) employees to exchange, obtain, and/or release information about me and my enrollment with their program to the following agencies/organizations as needed **(PLEASE INITIAL ALL BELOW)**

- | | |
|---|---|
| <input type="checkbox"/> NM VAHCS Homeless Veterans Programs and Medical Clinics | |
| <input type="checkbox"/> NM VAHCS OIF/OEF/OND Clinic | |
| <input type="checkbox"/> NM Department of Veterans Services (DVS) | |
| <input type="checkbox"/> NM Dept of Human Services (SNAP, TANF, WIC, Health, Child Support) | |
| <input type="checkbox"/> Public Utilities such as, but not limited to, NM Gas, PNM, Local Utilities | |
| <input type="checkbox"/> NM Homeless Management Information System (HMIS) | |
| <input type="checkbox"/> NM Dept of Workforce Connections | <input type="checkbox"/> First Nation Community Healthsource |
| <input type="checkbox"/> Albuquerque Heading Home | <input type="checkbox"/> Bernalillo County Housing Authority |
| <input type="checkbox"/> Public Housing Services | <input type="checkbox"/> Catholic Charities |
| <input type="checkbox"/> Goodwill Industries of New Mexico | <input type="checkbox"/> Healthcare for the Homeless |
| <input type="checkbox"/> HELP New Mexico | <input type="checkbox"/> National Alliance on Mental Illness (NAMI) |
| <input type="checkbox"/> Roadrunner Food Bank | <input type="checkbox"/> Social Security Administration |
| <input type="checkbox"/> St. Martins | <input type="checkbox"/> University of New Mexico (UNM) |
| <input type="checkbox"/> Women Vets of NM | <input type="checkbox"/> Albuquerque Housing Authority |
| <input type="checkbox"/> Name: _____ | <input type="checkbox"/> Name: _____ |
| <input type="checkbox"/> Name: _____ | <input type="checkbox"/> Name: _____ |

This release is for the purpose of obtaining services that will assist with multiple areas including, but not limited to, education and training, employment services, healthcare, housing placement, income support and financial stability, and mental health. Information is release on a “need to know” basis.

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

The New Mexico Veterans Integration Centers adheres to both federal HIPPA Act of 1996 (Health Insurance Portability and Accountability Act) and PII as defined in 2 CFR 200.79 (Personally Identifiable Information) policies that ensure your information is safeguarded and kept confidential.

What kind of information do we collect?

We may collect some or all of the information about you: name, address, date of birth, financial information and information about your health. We may request information referencing your medical history, medications you may be taking and any health problems you may have.

What do we do with this information?

We use the information about you to coordinate services and help you achieve a positive outcome from participation in the program. You’re Case Managers and other staff involved in your care may discuss your information with others who are also involved in provision of services that may involve your health care or exchange of information concerning your medical history.

Who else can see your information?

We can release information about you if it is necessary to prevent or control the spread of disease. We may have the right to provide information to the police or the court system if ordered to do so. Your information can also be used to ensure you are provided treatment and care coordination and to protect the public's health, such as reporting when the flu is in your area.

What are your rights?

You have the right to see your medical information and receive a copy. We may charge you for making copies. If you believe there is an error in your information, you must request corrections to the primary agency that provide us with the information. You have the right to know who we have shared your information with in accordance with applicable privacy laws. You may ask us not to share certain parts of your medical information and may elect to limit the sharing of this information by signing this consent form.

What do you do if you have a complaint?

If you think your privacy rights have been disrespected or violated, you can submit a complaint to the **Privacy Compliance Officer, NMVIC, at 2701 Mulberry St. SE, Albuquerque, NM 87106**, or you may file a written complaint with the Secretary of the United States Department of Health and Human Services, 200 Independence Ave SW, Washington DC 20201. Should you ever file a complaint, it will not be held against you or any members of your household.

By signing this form, I acknowledge I have read and received a copy of the NMVIC Notice of Privacy Practices. I have also been informed that I may, in writing, revoke this consent for release/exchange of information at any time, but that this may affect my continued eligibility for services.

I have been informed that the prohibitions of the federal rules and regulations on the confidentiality of Alcohol and Drug Abuse Patient records does not apply to the reporting, under state law, of incidents of suspected adult, child or elder abuse and neglect to the appropriate state and local authorities.

Unless otherwise indicated, this consent for the release/exchange of the information indicated above will be valid for a period of 12 months I have been exited from any program within the Veterans Integration Centers.

If you have a child under 18, please print their name and write "parent" on Signature before signing

Adult Print Name	Signature	Date
Adult Print Name	Signature	Date
Adult Print Name	Signature	Date
Adult Print Name	Signature	Date
VIC Staff Print Name	Signature	Date



PUBLICITY AND PHOTO RELEASE FORM

I hereby grant to the **New Mexico Veterans Integration Centers (VIC)** the absolute and irrevocable right and unrestricted permission to use my name, likeness, image, voice, and/or appearance as such may be embodied in any photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of the **VIC**, or its partners. I agree that the **VIC** has complete ownership of such material and can use said material for any purpose consistent with the **VIC**'s mission. These uses include, but are not limited to, videos, publications, advertisements, news releases, Web sites, and any promotional or educational materials in any medium. I acknowledge that I will not receive any compensation for the use of such images, video, likeness, etc. I hereby release and discharge the **VIC**, and its agents, representatives and assignees from any and all claims and demands arising out of or in connection with the use of my name, likeness, image, voice and/or appearance, including any and all claims for invasion of privacy, right of publicity, misappropriation or misuse of image, and/or defamation.

I represent that I am over the age of eighteen (18) years and that I have read the foregoing and fully understand its contents. This release shall be binding upon me, my heirs, legal representatives, and assigns. This agreement is being made and entered into under the laws of the State of New Mexico and shall be governed and interpreted in accordance with the laws of said state. This agreement embodies the entire agreement of the parties (subject and photographer). No modification of this agreement shall be of any effect unless it is made in writing and signed by all of the parties to the agreement.

Print Name of Individual _____

Signature of Individual _____ Date _____

* If the person signing is under the age of 18, consent from a parent or guardian is needed.

I hereby certify that I am the parent or legal guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

Parent/Guardian's Name (Printed): _____

Parent/Guardian's Signature: _____ Date: _____



RELEASE OF INFORMATION

I, _____, give my permission for any and all information by the staff members of the New Mexico Veterans Integration Center (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 programs and treatment plans.

Resident Name - Printed

Signature

NMVIC Staff Name - Printed

Signature

Date



PARTICIPATION FEE 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 \$ 260 or the HUD Fair Market Rent (FMR) Value, whichever is less.

PERSONAL PURCHASES - The NMVIC will provide weekly food baskets 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 items.

UNAUTHORIZED ABSENCE / OCCUPANCY TERMINATION - Resident agrees that if he / she leaves the program without prior notification or if his occupancy agreement is terminated for any reason, no portion of participation fees 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



AUTHORIZATION AND CONSENT FOR BACKGROUND CHECK

By signing this Authorization and Consent for Background Check, I acknowledge that the New Mexico Veteran Integration Centers (the VIC), a New Mexico Nonprofit corporation and / or its agent, may now or 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 in local, State, or Federal Courts or agencies, that I attended; records from the U.S. Veterans' Administrations criminal history information on file 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 the 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



NEW MEXICO VETERANS INTEGRATION CENTERS
(VIC)
STATEMENT OF RIGHTS

No Person served by NM Veterans Integration Centers (VIC) shall be denied the rights, benefits, and privileges guaranteed by the Constitution, the laws of the State of New Mexico, and the United States of America.

The rights of Person Served which are specifically enumerated herein are in addition to all other rights enjoyed by all citizens. Such listing of rights is not exclusive or intended to limit in any way rights which are guaranteed to all Person Served who are served at the VIC.

As a Person Served by the VIC, I have the right to:

- A. Screening and Appointments
 - 1. Be assessed for available services as a Veteran with my Department of Veterans Affairs (VA) issued Photo Identification, whether or not I have my DD214 in hand
 - 2. Provide my phone number and general location with a time I can be reached so I can receive a text message, phone call or in person follow up within a reasonable time.
- B. Confidentiality of my information and personal data by all VIC employees
- C. Safeguarding and Privacy of my information and personal data by all VIC employees
- D. The VIC strives to provide me an environment free from:
 - 1. Abuse, Neglect or Bias
 - 2. Financial or other exploitation
 - 3. Retaliation
 - 4. Humiliation
- E. The VIC can provide me access to:
 - 1. Information collected about me for me to make decisions in a timely manner
 - 2. Copies of my client file adhering to VIC privacy & information release policies
- F. I have a right to be informed and have a choice to consent, or not, regarding:
 - 1. Services I receive from the VIC and its staff
 - 2. Release of information to / from other agencies or programs
 - 3. Concurrent services
 - 4. Composition of the service delivery team for my needs
 - 5. Involvement in research projects, if applicable
- G. Access or be directly referred to services I need for which I am eligible and that are available within my local community including:
 - 1. Legal Services
 - 2. Self-help, support groups and counseling services
 - 3. Advocacy support services
 - 4. Other assistance and services, at my request, including help applying for a subsidized Universal Services Administration Lifeline phone plan
- H. Investigation and resolution of alleged violations of benefits, rights, or services
 - 1. Concerns or Complaints can be addressed to: _____,
Compliance Officer | 505-296-0800 | compliant@nmvic.org

Any suspected abuse, neglect, or exploitation must be reported immediately to Adult Protective Services (APS) Statewide Centralized Intake (SCI). 1-866-654-3219 (toll free).

I have read (or have had explained to me) and understand the rights as stated above.

VIC Participant Signature _____

Date _____

Print Name _____

VIC Staff _____

Date _____



STATEMENT OF INFORMED CONSENT FOR GRANT PER DIEM SERVICES

1. The goal of the Grant Per Diem (GPD) program is to provide safe transitional housing and supportive services for homeless veterans. After discussing your needs and interests, a mutually agreed treatment plan will be developed with the GPD Case Manager at the project site. The Individual Service Plan (ISP) will include goals that will increase skill or income, improve self-determination, and assist you in obtaining residential stability. Your participation and progress toward your goal while residing in the GPD program is essential for successful transition into permanent housing. The VA Grant Per Diem liaison will monitor the services provided to you at the GPD facility and your progress in meeting your goals.
2. Depending on your needs and eligibility for care, you will receive medical care, mental health treatment, and dental services at the VA or in a community based non-VA program. If you are found to be ineligible (other than honorable Discharge) for the GPD program, The GPD Liaison will explain our rationale and refer you to the appropriate community resources. If you are in disagreement with this decision, you have the right to appeal it as specified in the Veterans' rights, responsibilities, rights, and Grievance Procedure Policy found in your introductory packet.
3. Please be aware that obtaining some form of consistent income or employment will expedite transition into permanent housing. Attending appointments with Vocational Rehabilitation and employment specialists is very important as well as completing disability applications and attending attending appointments to process claims. To increase your success in the GPD program, it is recommended that you attend all appointments with medical and mental health treatment providers
4. Please be aware that some GPD facilities have monthly rent charges. New Mexico Veteran Integration Centers requests that 30% of your monthly income be paid for rent. The Metropolitan Homelessness Project site does not have a monthly rent charge. The Community Area Resource Enterprises, Inc. Project Site charges \$100.00 per month if you have some form of income. There are no other associated rent costs in the Grant Per Diem Program.
5. I have read and understand the information presented in this document and have received the other documents mentioned herein for my review. I further understand that I have a choice to continue in this process and can withdraw at any time.

At this time, I, choose to participate choose not to participate

Print Veterans Name: _____ SSN: _____

Veteran's Signature _____ Date: _____

Witnessed by (Print) _____ Title: _____

Signature _____ Date: _____

NAME: _____ **FULL SS#** _____

DATE OF BIRTH _____ **VA REGISTERED:** YES NO

BRANCH OF SERVICE _____

YEAR/MONTH Entered Military _____ **YEAR/MONTH Discharged** _____

TYPE OF DISCHARGE _____

WHERE DID YOU SLEEP LAST NIGHT _____

HOW LONG HAVE YOU BEEN SLEEPING THERE _____

WHEN WAS THE LAST TIME YOU WERE STABLY HOUSED _____

WHY DID YOU LOSE YOUR HOUSING _____

MONTHLY INCOME (Amount and Sources) _____

EMPLOYMENT HISTORY/SKILLS _____

EDUCATION _____

MEDICAL ISSUES _____

MEDICATIONS PRESCRIBED _____

SUBSTANCE USE HISTORY (Types of substances used) _____

DATE OF LAST SUBSTANCE USE _____

PSYCHIATRIC DIAGNOSES _____

FAMILY/FRIENDS/SOCIAL SUPPORTS _____

UNRESOLVED LEGAL ISSUES _____

STRENGTHS: _____

NEEDS: _____

ABILITIES: _____

PREFERENCES: _____

PROGRAM GOALS:

GOAL 1: _____

GOAL 2: _____

GOAL 3: _____



***Supporting Veteran Families
"Beyond the Battlefield"***
Since 2005

Name of Organization: New Mexico Veterans Integration Centers

Name of Program: VA Grant & Per Diem Program

Contact Information for VA Grant Program Office: GPDGrants@va.gov

Because this program is supported in whole or in part by financial assistance from the Federal Government, we are required to let you know that:

- (1) We may not discriminate against you on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice;
- (2) We may not require you to attend or participate in any explicitly religious activities (including activities that involve overt religious content such as worship, religious instruction, or proselytization) that may be offered by our organization, and any participation by you in such activities must be purely voluntary;
- (3) We must separate in time or location any privately funded explicitly religious activities (including activities that involve overt religious content such as worship, religious instruction, or proselytization) from activities supported with direct Federal financial assistance;
- (4) You may report violations of these protections, including any denials of services or benefits by an organization, by contacting or filing a written complaint with the grant program office using the contact information set forth above; and
- (5) If you would like to seek information about whether there are any other federally funded organizations that provide these kinds of services in your area, please use the contact information set forth above.

This written notice must be given to you before you enroll in the program or receive services from the program, unless the nature of the service provided or exigent circumstances make it impracticable to provide such notice before we provide the actual service. In such an instance, this notice must be given to you at the earliest available opportunity.

[[89 FR 15720](#), Mar. 4, 2024]



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I have read and understand the rights as stated above regarding equal treatment on the basis of religion or religious practice.

VIC Participant Signature _____ Date _____

Print Name _____

NMVIC Staff Signature _____ Date _____

NMVIC Staff Printed _____

FOR AGENCY USE ONLY

Eligibility	GO	NO-GO	NOTES
Veteran Status			
Income			
Mental Health			
Substance Use			
Homeless Status			
GPD Liaison (as applicable)			

Veteran is : ELIGIBLE INELIGIBLE **Date Enrolled:** _____

Program of Enrollment: EMERGENCY HOUSING SITH BRIDGE CLINICAL

Recommend referral to SSVF for dual - enrollment? YES NO

If INELIGIBLE, list reason(s) for denial: _____

We certify that the Veteran IS / IS NOT eligible for the above listed housing option(s). If enrolled, a case manager has been assigned to the Veteran.

Lead Case Manager Signature _____

Program Manager Signature _____

APPROVED

11-Apr-21