



Veterans MUST Read Before The Interview

You are being assessed for enrollment in the Emergency and/or Transitional Housing Program offered by the Veterans Integration Centers (VIC). All questions must be completed to help our team determine your eligibility and identify the best course of action to support your recovery. No single question will disqualify you from services, so please be truthful and thorough in your responses.

As part of the assessment process, you are being informed of the basic requirements for enrollment in our programs:

1. **Probationary Period:** Veterans are subject to a 7-day probationary period during which the VIC may terminate services based on your commitment, participation, and adherence to all VIC policies and procedures.
2. **Substance Use Policy:** Veterans and their family members are not allowed to use illicit substances or alcohol at any time and will be subject to random testing.
3. **Mandatory Testing:** Veterans cannot refuse random or mandatory drug or alcohol testing conducted by VIC employees.
4. **Discharge Type:** Veterans must have a discharge status other than Dishonorable.
5. **Volunteer Hours:** Veterans are required to complete monthly volunteer or community service hours as part of enrollment in the Transitional Housing Program.
6. **Substance Use Treatment:** Veterans with a history of substance use (including alcohol) are required to attend outpatient treatment or support groups at the VA, Healthcare for the Homeless, or another community mental health or substance use support program.
7. **Employment Search:** If deemed eligible to work, Veterans must actively search for employment starting after the first 30 days of enrollment.
8. **Background Checks:** Veterans and family members consent to background checks as part of the enrollment process. However, criminal history does not necessarily disqualify you.
9. **Participation Fee:** Veterans may be required to provide a monthly Participation Fee to the VIC based on their unique circumstances, as directed by their case manager.
10. **Data Entry Consent:** All participants are required to authorize the VIC to enter their data into the Homeless Management Information System (HMIS), a database used to collect client-level data and track the provision of housing and services to homeless individuals, families, and those at risk of homelessness.

Privacy Statement:

The VIC declares that all information collected from Veterans or their family members is considered confidential. The VIC will not share your information without your signed Release of Information or as required by state or federal law.



All VIC programs are voluntary and designed to support Veterans and their families who are literally or at risk of homelessness in New Mexico. The VIC applies the **Housing First** model of homelessness prevention, which focuses on providing "permanent housing to people experiencing homelessness, thus ending the homeless event and serving as a platform for pursuing personal goals and improving their quality of life."

To align with this model, the VIC offers **Transitional Housing** to Veterans and their family members in a supportive environment. This enables participants to address barriers to independence and self-sufficiency. Veterans must meet basic eligibility guidelines for each program and agree to comply with the policies and rules that ensure a safe and supportive living environment.

The following are the basic requirements for the Transitional Housing Program. If you accept these criteria and agree to adhere to VIC policies, you will be considered for enrollment.

All residents must:

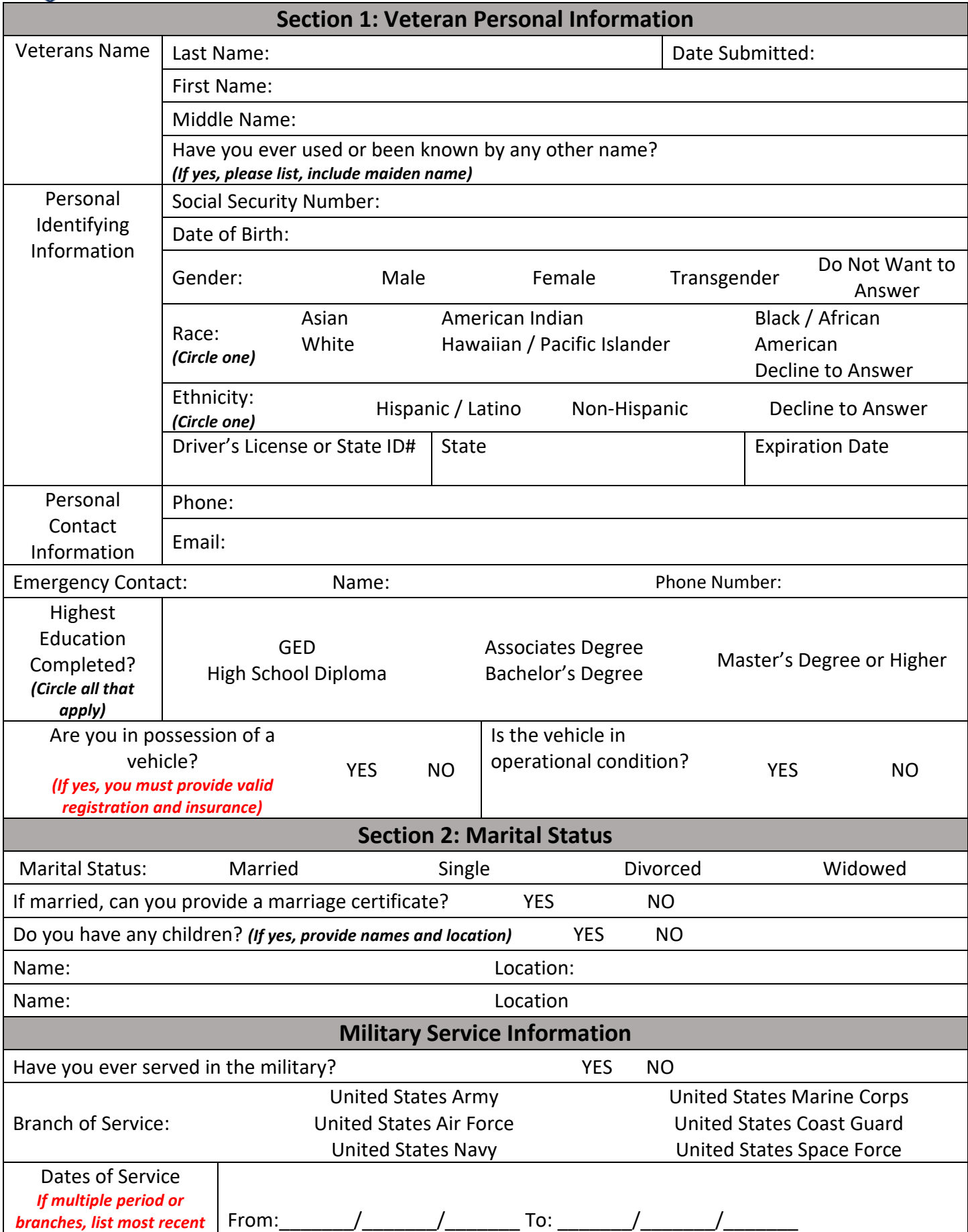
1. Be a Veteran of the U.S. Armed Forces, must have at least one day of active-duty service beyond training.
2. Not have a **DISHONORABLE** discharge.
3. Not be convicted of a sex crime or arson.
4. Be willing to:
 - a. Complete a panel interview and provide honest and open answers to the interview panel's questions.
 - b. Remain clean and sober from alcohol.
 - c. Not use or possess any Federally illicit substances.
 - d. Participate in random alcohol and drug testing.
 - e. Comply with all VIC Transitional Housing Program policies and procedures.
 - f. Attend all mandated meetings with your case manager and VIC staff supporting your enrollment.
 - g. Work toward achieving goals outlined in your Individual Stability Plan (ISP) in collaboration with your case manager.
 - h. If employable, actively seek employment to increase your self-sufficiency and independence.
 - i. Complete volunteer service hours as prescribed by Transitional Housing Program standards.
 - j. Pay a participation fee in accordance with the VIC Transitional Housing Fee Schedule if you have income now or in the future.
 - k. Attend all necessary medical or healthcare appointments to improve your overall health and wellness.
 - l. Participate in life skills classes and education to enhance your ability to live independently after exiting the program.
 - m. If you have a history of substance use, attend weekly drug and/or alcohol treatment, including support groups and therapeutic sessions.

I am [] **WILLING** / [] **NOT WILLING** to be considered for the VIC Transitional Housing Program
CHOOSE ONE

Printed Name of Applicant

Signature of Applicant

Date





Duty Status	Active Duty	Reserve	National Guard
Discharge Type <i>Dishonorable discharges are not eligible for services</i>	Honorable General Under Honorable Conditions Other Than Honorable	Bad Conduct Dishonorable	
Have you served in a Combat Zone? <i>(If yes, circle all that apply)</i>	World War II Korea Vietnam Desert Storm	Operation Enduring Freedom Operation Iraqi Freedom Other Peace Keeping Missions	
Do you have a copy of your DD-214? YES NO	Are you Registered at the VA Medical Center? YES NO		
Last Permanent Residence			
City	State	Zip Code	
What were the dates of your stay there? From: ____/____/____ To: ____/____/____			
Why did you leave there?			
Any prior evictions?	YES NO	Any delinquent debts?	YES NO
Any delinquent utilities?			YES NO
Have you ever been issued a HUD-VASH voucher in any state at any time? <i>(If so, when and what State)</i>			
When?		State?	
Have you stayed in a GPD program in the past? <i>(If yes, When and where?)</i>			
When?		Where?	
Income			
Source(s) of Income:	SSDI VA Service Connect Unemployment	SSI (Retirement) VA Non-Service Connect Earned Income	
Amount Received Monthly\$:			
Non-Cash Benefits			
Receiving Supplemental Nutrition Assistance Program SNAP?		YES NO	SNAP Amount: \$
Medical Information			
Are you covered by health insurance? YES NO			
What is your source of health insurance coverage?	Medicare:	YES	NO
	Medicaid:	YES	NO
	VA Health care:	YES	NO
	Employer Insurance:	YES	NO
	Indian Health Services:	YES	NO
	Other: Specify _____		
Do you have any physical disabilities or limitations? <i>(If yes, please list disability below.)</i>			
YES NO			
List disabilities of any type:			



Do you need special accommodations?	YES	NO	List accommodation:	
Do you have any physical health conditions? (Circle all that apply)	COVID-19 Asthma Epilepsy	Cancer COPD Thyroid	Heart Disease Cirrhosis Arthritis	Diabetes (1 / 2) HBP Back Pain
Do you currently have, or have you ever had, any serious medical conditions or contagious diseases? (Circle all that apply)	Cirrhosis Diabetes Cancer GI Issues	High Blood Pressure Low Blood Pressure Asthma Hepatitis B / C	COPD HIV / AIDS Emphysema Other	
Do you have, or have you ever been diagnosed with, a mental or behavioral health disorders? (Circle all that apply)	Depression Bipolar Disorder Anxiety	Schizophrenia Personality Disorders Autism	ADHD OCD PTSD	
Do you have a service animal?	YES	NO		
Is the service animal required because of a disability?	YES	NO		
What work or tasks has the dog been trained to perform?				
Are you a survivor of domestic violence? <i>If yes, when did this occur?</i>	YES	NO	When?	
Have you ever been diagnosed with a substance use disorder? (Circle all that apply)	Hallucinogen Use Disorder Alcohol Use Disorder Opioid Use Disorder	Stimulant Use Disorder Cannabis Use Disorder Sedative Use Disorder		
If yes, how long have you been using the illicit substance or drinking excessively?				
When was the last time you used any illicit substances?				
Have you ever participated in a treatment program for drugs, alcohol, or mental health? <i>(If yes, when and where?)</i>	YES	NO		
When?	Where?			
Are you currently attending an Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) group?	YES	NO		
How Often?	Where?			
Legal Matters				
Do you have outstanding warrants in any State? <i>If yes, what is the charge, location and date of arrest?</i>				
Charge:	Location:	Date of arrest:		
Have you ever been convicted of ARSON or a SEXUAL OFFENSE ?		YES	NO	
Disposition:				
Have you ever been arrested, charged, detained, or incarcerated for any period of time? <i>(If yes, list by date and state)</i>			YES	NO
Date:	State:			
Date:	State:			
Are you on Probation or Parole? <i>(If yes, what is the name and contact number for the P.O.?)</i>			YES	NO
Name:	Contact Number:			
Are you required to register as a sex offender? <i>If yes, what State and when?</i>				
State?	When?			



Family Members				
Spouse Name	Last Name:			
	First Name:			
	Middle Name:			
	Have you ever used or been known by any other name? <i>(If yes, please list, include maiden name)</i>			
Personal Identifying Information	Social Security Number:			
	Date of Birth:			
	Gender:			
	Race: <i>(Circle one)</i>	Asian White	American Indian Hawaiian / Pacific Islander	Black / African American Decline to Answer
	Ethnicity: <i>(Circle one)</i>			
	<div style="display: flex; justify-content: space-between;"> Hispanic Non-Hispanic Decline to Answer </div>			
Driver's License or State ID#		State	Expiration Date	
Personal Contact Information	Phone:			
	Email:			
Highest Education Completed? <i>(Circle all that apply)</i>	<div style="display: flex; justify-content: space-around;"> GED Associates Degree Master's Degree or Higher </div> <div style="display: flex; justify-content: space-around;"> High School Diploma Bachelor's Degree </div>			
Income				
Source(s) of Income:		<div style="display: flex; justify-content: space-between;"> SSDI SSI (Retirement) </div> <div style="display: flex; justify-content: space-between;"> VA Service Connect VA Non-Service Connect </div> <div style="display: flex; justify-content: space-between;"> Unemployment Earned Income </div>		
Amount Received Monthly\$:				
Non-Cash Benefits				
<div style="display: flex; justify-content: space-between;"> Receiving Supplemental Nutrition Assistance Program SNAP? YES NO SNAP Amount: \$ </div>				
Medical Information				
Are you covered by health insurance? YES NO				
What is your source of insurance coverage?	Medicare:		YES	NO
	Medicaid:		YES	NO
	VA Health care:		YES	NO
	Employer Insurance:		YES	NO
	Indian Health Services:		YES	NO
	Other: Specify _____			
Do you have any physical disabilities or limitations? <i>(If yes, please list disability below.)</i> YES NO				
List disabilities or limitations of any type:				
Do you have a physical health condition?	COVID-19 Asthma	Cancer COPD	Heart Disease Cirrhosis	Diabetes (1 / 2) HBP



(Circle all that apply)		Epilepsy	Thyroid	Arthritis	Back Pain
Do you currently have, or have you ever had, any serious medical conditions or contagious diseases? (Circle all that apply)		Cirrhosis	High Blood Pressure	COPD	
		Diabetes	Low Blood Pressure	HIV / AIDS	
		Cancer	Asthma	Emphysema	
		GI Issues	Hepatitis B / C	Other	
Do you have, or have you ever been diagnosed with, a mental or behavioral health disorder? (Circle all that apply)		Depression	Schizophrenia	ADHD	
		Bipolar Disorder	Personality Disorders	OCD	
		Anxiety	Autism	PTSD	
Are you a survivor of domestic violence?		YES	NO	If yes, when did this occur?	
Have you ever been diagnosed with a substance use disorder? (Circle all that apply)		Hallucinogen Use Disorder		Cannabis Use Disorder	
		Alcohol Use Disorder		Sedative Use Disorder	
		Opioid Use Disorder		Stimulant Use Disorder	
If yes, how long have you been using the illicit substance or drinking excessively?					
When was the last time you used any illicit substances?					
Have you ever participated in a treatment program for drugs, alcohol, or mental health? (If yes, when and where?)				YES	NO
When?			Where?		
Are you currently attending an Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) group?				YES	NO
How Often?			Where?		
Legal Matters					
Do you have outstanding warrants in any State? <i>If yes, what is the charge, location and date of arrest?</i>					
Charge:		Location:		Date of arrest:	
Have you ever been convicted of ARSON or a SEXUAL OFFENSE ?				YES	NO
Disposition:					
Have you ever been arrested, charged, detained, or incarcerated for any period of time? (If yes, list by date and state)					YES
Date:		State:			
Date:		State:			
Are you on Probation or Parole? (If yes, what is the name and contact number for the P.O.?)					YES
Name:			Contact Number:		
Are you required to register as a sex offender? <i>If yes, what State and when?</i>					
State?			When?		
Child 1					
Child Name	Last Name:				
	First Name:				
	Middle Name:				
	Date of Birth:				



Personal Identifying Information	Gender:		
Is the child currently enrolled in school? <i>(If yes, please list school and grade)</i> YES NO			
School:		Grade:	
Child 2			
Child Name	Last Name:		
	First Name:		
	Middle Name:		
Personal Identifying Information	Date of Birth:		
	Gender:		
Is the child currently enrolled in school? <i>(If yes, please list school and grade)</i> YES NO			
School:		Grade:	

I certify that the information in my application is true and accurate to the best of my knowledge. I understand that providing false or misleading information may result in the VIC denying or terminating services. Additionally, I acknowledge that failure to comply with all VIC policies and regulations related to the Emergency or Transitional Housing programs may result in termination at any time.

Printed Name of Veteran

Signature of Veteran



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 Center (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)**

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

Printed 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.

Participant Name – Printed

Signature

NMVIC Staff Name – Printed

Signature

Date



PARTICIPATION FEE AGREEMENT

Participation Fees: Participants are required to pay up to 30% of their monthly income toward participation fees. The maximum amount charged will be \$260 or the HUD Fair Market Rent (FMR) value, whichever is less.

Personal Purchases: The New Mexico Veterans Integration Centers (NMVIC) will provide weekly food baskets and basic cookware. Participants are responsible for purchasing all other personal items. If a participant is not financially able to purchase these items, they must notify their Case Manager.

Unauthorized Absence / Occupancy Termination: Participants agree that if they leave the program without prior notification or if their occupancy agreement is terminated for any reason, no portion of the participation fees will be refunded.

Total Monthly Income: \$_____

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

Participant 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.

Participant Name – Printed

Signature

NMVIC Staff Name – Printed

Signature

Date



NEW MEXICO VETERAN'S 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:

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

Participant Printed Name: _____ Date: _____

Participant Signature: _____

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 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 participation fees. New Mexico Veteran Integration Centers requests that 30% of your monthly income be paid for participation fees. 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 fees 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. (**CHOOSE ONE**)

Participant Name (Printed): _____

SSN: _____

Participant Signature: _____

Date: _____

Witnessed by (Print): _____

Title: _____

Signature: _____

Date: _____



Full Name: _____ Full SSN: _____

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 Diagnosis: _____

Family/Friends/Social Supports: _____

Unresolved Legal Issues: _____

Strengths: _____

Needs: _____

Abilities: _____

Preferences: _____

Program Goals:

GOAL 1: _____

GOAL 2: _____

GOAL 3: _____



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]

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

Participant (Print): _____ Date: _____

Participant Signature: _____ Date: _____

NMVIC Staff (Print): _____ Date: _____

NMVIC Staff Signature: _____ Date: _____



PARTICIPANT AGREEMENT TO VIC TRANSITIONAL HOUSING PROGRAM POLICIES AND PROCEDURES

I understand that this program is voluntarily, and that the VIC, or its employees, are not required by any law or statute, to provide me services or support, and that I have no right to demand any services or support from the program, or VIC employees. The program is NOT an entitlement program; therefore, services are being provided as a benefit to support my needs as an unhoused individual in the community.

Furthermore, I understand that I cannot and do not have an established permanent residency as part of the VIC Transitional Housing Program, nor am I allowed to use any address, VIC or otherwise, as a permanent address for residency or other legal purposes. I will be provided a temporary mailing address as an active participant of the VIC Transitional Housing Program, but understand that I have no authority for an official mailing address, as recognized by the US Postal Service. I understand that although I am participating in a housing support program, that I can be forced to leave the program, at any time, and will be required to vacate the temporary living accommodations provided to me by the VIC. I also understand that I have no tenant rights as a participant in the VIC Transitional Housing Program, and that the VIC is the legal owner and authority with tenant rights to the property and its rooms.

If I violate VIC policies, or are given written notice of termination from VIC programs, I understand that I will have 24 hours from the date/time of the notice to vacate the premises and will not be allowed to return unless the order states so. If I commit a serious offense or violation of VIC policies, or commit acts against VIC employees and/or participants, I understand that I may be ordered to vacate the premises in less than the 24-hour time period.

Participant (Print): _____ Date: _____

Participant Signature: _____ Date: _____

NMVIC Staff (Print): _____ Date: _____

NMVIC Staff Signature: _____ Date: _____



FOR AGENCY USE ONLY

Name:

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 the 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 Director Signature _____

REQUEST FOR AND AUTHORIZATION TO
RELEASE HEALTH INFORMATION

PRIVACY ACT STATEMENT:

The information requested on this form is solicited under Title 38 U.S.C. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164; 5 U.S.C. 552a; and 38 U.S.C. 5701 and 7332 that you specify. Your disclosure of the information requested on this form is voluntary. However, if information needed to locate records for release is not furnished completely and accurately, VA will be unable to comply with the request. The Veterans Health Administration may not condition the provision of treatment, payment, enrollment in the VA Health Care Program, or eligibility for benefits on the signing of an authorization, except for research-related treatment where an authorization for the use or disclosure of individually-identifiable health information for such research is required. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act system of records notices identified as 24VA10A7 "Patient Medical Record - VA", 08VA05 "Employee Medical File System Records (Title 38)-VA" and in accordance with the Notice of Privacy Practices. VA may also use this information to identify Veterans and person claiming or receiving VA benefits and their records, and for other purposes authorized or required by law.

TO: DEPARTMENT OF VETERANS AFFAIRS (Name and Location of the VA Health Care Facility)

NEW MEXICO VA HEALTH CARE SYSTEM, ATTN: Medical/legal unit (161C)

1501 San Pedro Dr SE, Albuquerque, NM 87108

LAST NAME- FIRST NAME- MIDDLE NAME

DATE OF BIRTH (mm/dd/yyyy)

PATIENT'S MAILING ADDRESS (including City, State and Zip Code)

2701 Mulberry St SE, Albuquerque NM 87106

NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL, OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED

New Mexico Veterans Integration Center: 2701 Mulberry St SE, Albuquerque NM 87106

PURPOSE(S) OR NEED: Information is to be used by the requestor for:

☐ TREATMENT ☐ BENEFITS ☐ LEGAL ☐ EMPLOYMENT ☒ OTHER (Please specify below):

INFORMATION REQUESTED: Check applicable box(es) and state the extent or nature of information to be provided:

☐ HEALTH SUMMARY (Prior 2 Years)☐ PATIENT MEDICAL RECORDS (Dates):☐ INPATIENT DISCHARGE SUMMARY (Dates):☐ PROGRESS NOTES:☐ SPECIFIC CLINICS (Name & Date Range):☐ SPECIFIC PROVIDERS (Name & Date Range):☐ DATE RANGE:☐ OPERATIVE/CLINICAL PROCEDURES (Name & Date):☐ LAB RESULTS:☐ SPECIFIC TESTS (Name & Date):☐ DATE RANGE:☐ RADIOLOGY REPORTS (Name & Date):☐ LIST OF ACTIVE MEDICATIONS:☐ VACCINATION (Dose, Lot Number, Date & Location):☐ ADMINISTRATIVE RECORDS:☐ OTHER (Describe):

LAST NAME- FIRST NAME- MIDDLE NAME		DATE OF BIRTH (mm/dd/yyyy)
SENSITIVE DIAGNOSES: REVIEW AND, IF APPROPRIATE, COMPLETE WHEN RELEASE IS FOR ANY PURPOSE OTHER THAN TREATMENT.		
I request and authorize Department of Veterans Affairs to release the information pertaining to the condition(s) below for the non-treatment purpose(s) listed in this authorization.		
<input checked="" type="checkbox"/> DRUG ABUSE <input checked="" type="checkbox"/> ALCOHOLISM OR ALCOHOL ABUSE <input type="checkbox"/> SICKLE CELL ANEMIA <input type="checkbox"/> HUMAN IMMUNODEFICIENCY VIRUS (HIV)		
I understand that information on these sensitive diagnoses may be released for treatment purposes without me checking the above boxes, and will be released even if the boxes are unchecked <u>unless</u> I indicate by checking the box below that I do not want this information released for this specific disclosure.		
<input checked="" type="checkbox"/> I do not want sensitive diagnoses released for treatment purposes under this specific authorization. I realize this does not impact other future requests unrelated to this authorization.		
AUTHORIZATION: I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I will receive a copy of this form after I sign it. I may revoke this authorization in writing, at any time except to the extent that action has already been taken to comply with it. Written revocation is effective upon receipt by the Release of Information Unit at the facility housing records. Any disclosure of information carries with it the potential for unauthorized redisclosure, and the information may not be protected by federal confidentiality rules. I understand that the VA health care provider's opinions and statements are not official VA decisions regarding whether I will receive other VA benefits or, if I receive VA benefits, their amount. They may, however, be considered with other evidence when these decisions are made at a VA Regional Office that specializes in benefit decisions.		
EXPIRATION: Without my express revocation, the authorization will automatically expire (select one of the following):		
<input type="checkbox"/> AFTER ONE-TIME DISCLOSURE, IF ALL NEEDS ARE SATISFIED <input type="checkbox"/> ON (mm/dd/yyyy) _____ (enter a future date other than date signed by patient) <input checked="" type="checkbox"/> UNDER THE FOLLOWING CONDITION(S): <u>Upon completion/satisfaction</u>		
PATIENT SIGNATURE (Sign in ink)		DATE (mm/dd/yyyy)
LEGAL REPRESENTATIVE SIGNATURE (if applicable) (Sign in ink)		DATE (mm/dd/yyyy)
PRINT NAME OF LEGAL REPRESENTATIVE	RELATIONSHIP TO PATIENT	
FOR VA USE ONLY		
TYPE AND EXTENT OF MATERIAL RELEASED		
DATE RELEASED (mm/dd/yyyy)		RELEASED BY: