



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.

**Application for Enrollment
Emergency OR Transitional Housing**

General Information

Date Submitted _____ Email of Applicant _____

Veteran Name
Last _____ First _____ MI _____

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

SSN Number _____ Cell Phone # _____

Date of Birth _____ Gender Male Female Transgender Other

Where did you stay last night? (ex. 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 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

Military Service Information

Have you ever served in the Military YES NO Branch Army Navy USAF USMC Coast Guard

Do you Have a DD214 or NGB22 YES NO

Dates of Service From _____ Status Active Reserve Nat. Guard

To _____ **If multiple periods or branches, pls list most recent and let VIC employee know*

Discharge Type HONORABLE GENERAL OTHER THAN HONORABLE

BAD CONDUCT ** Entry Level or Dishonorable Discharges are not eligible for VIC programs*

If you have served in a Combat Zone, please circle WWII Korea Vietnam Desert Storm OIF OEF

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?

(If yes, please name and location)

YES NO

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?

(If you have a VD ID Card please provide a copy)

YES

NO

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

MEDICARE

MEDICAID

TRICARE

PRIVATE INSURANCE

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 of the following conditions? (Circle)

COPD

Asthma

Cancer

High or Low Blood Pressure

Heart Problems

Other medical: _____

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

(ex. Hepatitis, HIV/AIDS, TB, STD, Shingles)

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

(ex. PTSD, Bi-Polar, Schizophrenia, Depression, Anxiety Disorder, etc)

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)

Alcohol Prescription Drugs
Illegal Drugs Other: _____

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, 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) _____

INCOME

Do you have any income?

(circle all that apply)

SSI

SSDI

TANF

SNAP

WIC

Unemployment

VA Disability

Child Support

Alimony

Retirement

Income from Job

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)

GED

HS Diploma

Vocational Certificate

Associates

Bachelors

Masters

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)

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 Domestic Partner

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

Social Security #

Cell Phone #

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)

GED

HS Diploma

Vocational Certificate

Associates

Bachelors

Masters

Other (please explain) _____

Race (choose all that apply)

Asian

White

American Indian

Hawaiian or Pacific

Black or African American

Decline to Answer

Ethnicity

Hispanic or Latino

Not Hispanic

Decline to Answer

INCOME

Do you have any income?

(circle all that apply)

SSI

SSDI

TANF

SNAP

WIC

Unemployment

VA Disability

Child Support

Alimony

Retirement

Income from Job

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 uner 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 Black or African American Decline to Answer Ethnicity Hispanic or Latino Not Hispanic Decline to Answer

Is the child currently enrolled in school? (If YES, pls list school and grade)

To Be Completed by Parent for CHILD uner 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 Black or African American Decline to Answer Ethnicity Hispanic or Latino Not Hispanic Decline to Answer

Is the child currently enrolled in school? (If YES, pls list school and grade)

FOR AGENCY USE ONLY

Eligibility

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

Veteran is	ELIGIBLE	INELIGIBLE	Date Enrolled	_____
Program of Enrollment	EMERGENCY HOUSING	SITH	BRIDGE	H2H
Recommend referral to SSVF for dual-enrolment		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.

LCM Signature

PM Signature

APPROVED

11-Apr-21