

# 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 **Deliinquent 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 VA 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?**

SSI

SSDI

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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,** \_\_\_\_\_

**Do you have any personal problems that you would like help addressing?** \_\_\_\_\_

### 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**

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

<b>Veteran is</b>	ELIGIBLE	INELIGIBLE	<b>Date Enrolled</b>	_____
<b>Program of Enrollment</b>	EMERGENCY HOUSING	SITH	BRIDGE	H2H
<b>Recommend referral to SSVF for dual-enrolment</b>		YES	NO	
<b>If INELIGIBLE, list reason(s) for denial</b>	_____			

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