



Homeless Veterans Transitional Housing Program Service Provider Referral for Services

Veteran's Information:			
Last Name:	First Name:	MI:	
DOB:	Sex: M F	Race:	
Phone Number:	Social Security #: - -		
Additional Contact Phone Number:			
Current Living Situation / Address:			
Email Address:			
Program / Treatment Needs: <i>(Please include substance abuse, mental health, medical, employment, education, etc. to the best of your knowledge)</i>			
Dates of Service:	State Entered Service:		
Type of Discharge:	DD214 Available: Yes No		
Do you have a valid driver's license? Yes No			
License #	State of Issue:		
Have you ever applied to this program before? Yes No		If Yes: Date of Application:	
Requested Dates / Duration:			
Date Placement is Needed:			
Anticipated Length of Stay:			
Transportation Needs for Arrival:			



Referral Source:			
VA Hospital:	Self Referral:	Homeless Shelter: Location:	HUD / VASH: Location:
Probation / Parole: Location:	Incarcerated Veteran Re-Entry Specialist:	County Veterans Service Officer: Specify Co:	Other: Specify:
Human Services: Location:	DAV: Location:	Dept. of Veterans Affairs: Location:	Prison: Specify:
Referral Source Name and Contact Information:			
Name and Title:			
Agency Name:			
Phone:		Email:	
Referral Source Signature:			Date:
Sources of Income: <i>(include all Wages, Unemployment, SSI, SSDI, Pension, etc.)</i>			
Source(s) 1.		Total monthly amount:	
2.		Total monthly amount:	
Applications for pension and/or disability pending? Yes No			
Filed by Whom? Last date of contact with agency:			
Do you have a representative payee? Yes No		If yes, please provide the name and phone number for representative payee:	
Housing			
Please give detail of circumstances leading to homelessness:			



How long have you been homeless?		
Where are you currently living?		
Have you ever been evicted or asked to leave your residence for any reason? Yes No		
If yes, please explain:		
Previous RVCP Services		
Have you ever received any service from RVCP? Yes No		
If yes, when?		
Health Issues / Have You Been Hospitalized?		
When was the last time you saw a doctor?		
Name of doctor and location:		
Current medications:		
Physical limitations / restrictions / disabilities:		
Do you need a handicap accessible room? Yes No		
Have you ever been diagnosed with TB? Yes No		Do you have a history of positive skin tests?* Yes No
<i>*If yes, you must have a chest x-ray prior to entry.</i>		
Do you have health insurance? Yes No		If yes, what kind?
Have you ever received medical care at a VA facility? Yes No		
Facility / Location	Date(s)	Reason(s)



Please describe any present legal issues:		
Any pending criminal charges: Yes No		If yes, describe:
Program Knowledge		
How did you find out about our program?		
What is your main reason for wanting to come to this program?		
Who may RVCP staff contact in the event of an emergency or if we are unable to reach you?		
Name of Person(s):	Contact Phone #:	Email Address:

Authorization to Release Information
 I hereby consent to and authorize the release of information to the party or parties I have designated above as a person RVCP may contact to aid in communication between me and RVCP. The information authorized to be disclosed will be that only needed to make contact with me as needed by the RVCP Veterans Services Department to process my Application for Services. This information may include but is not limited to: Name, Eligibility Determination, and Requests for additional information needed by the program. I have given this consent voluntarily and I understand that authorizing this disclosure is not required in order to receive services. This Authorization will expire at the termination of my participation with RVCP Veterans Transitional Housing Program Application Process or at any time I request.

Veterans Initials_____ By initialing here I understand and agree to the Authorization to Release Information above.

(RVCP May not make contact with the listed parties without the Veteran's Initials)

The information provided in this application is complete and accurate to the best of my knowledge. I understand that any false or omitted information may cause my application to be delayed and / or me to be denied admission to the program.

 Veteran's Signature

 Date