



Veteran Referral Request

Referral Date: Click or tap to enter a date.

1. Are you referring yourself or someone else
2. Referral Source: _____ 3. Phone: _____
4. Preferred follow up method: E-mail Phone Text Letter
4. Last Name: _____ MI: _____ First Name: _____
5. Date of Birth: _____
6. Ethnicity: Hispanic Caucasian African American Pacific Islander Asian American Indian
7. Sex: M F Other
8. Social Security #: _____
9. Marital Status: Single Married Separated Widowed Divorced
10. Email Address: _____
11. Current Residence: _____

Street
City
State
Zip
12. Type of Residence: Emergency Shelter Hospital (psychiatric or medical) Rental/Owned Property
 Detox Center Jail/Detention Center Family/Friends House
 Place not meant for habitation Hotel/Motel (without voucher)
12. Currently Homeless? Yes No
13. At Risk of losing current housing? Yes No If Yes, Reason:

Military Information

14. Branch of Service: _____ 15. Service Dates: From _____ To _____
16. Military Status: Active Duty Veteran Reserve Component

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17. Discharge: Honorable General OTH Bad Conduct Dishonorable Other _____

Employment & Training

18. Employment Status: Employed Unemployed Disabled Retired Student

19. Valid Driver's License: Yes No State Issued: _____ Lic. #: _____

Income

20. What is Your Total Monthly Income: \$ _____

21. Sources of Cash Benefits: Job Disability Unemployment State Assistance
Pension

22. Sources of Non-Cash Benefits: SNAP (Food Stamps) WIC Child Care Services Other

Legal

23. Have you been convicted of a crime: Yes No **24. Pending Charges?** Yes No

Health

27. Mental Health History? Yes No Diagnosis: _____ -

29. Medical Health History? Yes No
Diagnosis: _____

28. Substance Use History? Yes No Drug of Choice: _____

29. History of Detox? Yes No If yes, where (most recent)

Most recent dates:

How many times:

30. Health Insurance Information:

31. Currently Active Health Insurance Yes (Complete Section Below In Full) No

Health Insurance Company Name: _____

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Insurance ID#: _____

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Service Needs (Please mark all that apply)

HOUSING

- Rental Assistance
- Transitional Housing Placement
- HUD-VASH Voucher
- Permanent Supportive Housing Placement
- Moving Assistance
- Shelter Placement

EMPLOYMENT

- Job Training Programs
- Employment Opportunities
- Work Place Accommodations

MEDICAL

- Mental Health Treatment
- Substance Abuse Treatment
- Access to Medical Care
- Medication Access
- Dental Services

TRANSPORTATION

- MBTA Services
- VTA Services
- DAV Transportation Services

BENEFITS

- Disability Benefits (SSI/SSDI)
- VA Service Connection
- VA Pension
- Former Employer Pension
- TAFDC
- EAEDC
- Insurance Coverage
- Food Support (SNAP/WIC)
- VA Clothing Allowance
- Child Care

EDUCATION

- Scholarships
- Tuition Assistance
- Locating Schools
- Vocational Training

OTHER:

- Financial Advice
- Legal Aid
- Social Supports
- Other:

**Please complete in full and fax to 508-992-5313
or email to Catherine.Buckley@vetshouse.org**

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