

Volunteer of America Veteran Service

Veteran Career House
482 West Street
Biddeford, ME 04005
207-286-9641

Arthur B. Huot House
335 Lincoln Street
Saco, ME 04072
207-571-3359

Application and Referral for Residency

All information on this application is confidential. If you are being considered for residency staff will contact you. All applications are reviewed in the order they are received. Equal opportunity is available for all homeless veterans with low incomes without respect to race or ethnicity, national origin, religion, sexual orientation, or disability. Please circle the above program you are applying to (or both if applying to both)

Applicants Name: _____ Date of Application: _____

Applicant Phone Number/Contact: _____

Date of Referral: _____ Name/Agency/ Phone # of Individual(s) Making Referral:

Current Location of Veteran: _____ Date of Birth: _____

SSN: _____ - _____ Gender: M F Marital Status: _____

Last School Grade Completed: _____

Licenses/Certifications Held: _____

Chronically Homeless (homeless for a year or more): Yes No

Military Information (Attach Form DD214)

Branch: _____ Dates Served: From _____ To _____

Discharge Status: _____

OIF and/or OEF Veteran: Yes No

Criminal History

Please check your offender status (if applicable): Felony Misdemeanor Both

- Explain:

Current Employment Status:

Employed: Yes No Hrs./Wk.: _____ Pay Rate: _____

Date Last Worked: _____ UI Eligible? Yes No

Last 6 Months Income in \$ Amount (list all forms of income): \$ _____

Family Status: __ Individual __ Client w/spouse __ Single Parent __ 2 Parent Family __ Dependent

Do you currently receive any service-related disability? Yes No

Do you currently receive any non-service-related disability? Yes No

Are you currently receiving welfare assistance? Yes No If yes, circle all that apply:

General Assistance Food Stamps SSI Other (explain): _____

Employment History: _____

Marketable Skills: _____

Housing and Living Circumstances:

Explain Your Current Living Situation?

Are you homeless according to HUD's definition?

How long have you been homeless?

What led to this situation?

List the number of times you have experienced homelessness in the last 2 years and duration of each occurrence:

Have you ever been evicted? Yes No If yes, when and why?

Have you ever experienced a group living situation? Yes No If yes, explain:

Do you have any concerns or issues about living in a group situation?

Health Status:

Maine Care Number (if applicable):

Maine Care Status (if applicable):

Do you have a Primary Care Physician?

- Phone and Fax: _____

Do you have a psychiatrist?

- Phone and Fax: _____

Do you have a therapist?

- Phone and Fax: _____

Have you been to any VA medical facility for treatment? If so, when and where?

Do you have any chronic health conditions? Yes No If yes, explain:

Do you have any mental health conditions? Yes No

- Diagnosis:
- Date of Diagnosis:
- Diagnosing Clinician:
- Have you ever been hospitalized for this condition? If yes, explain:

Do you have any history of alcohol and/or substance abuse?

- Have you ever been treated for this condition? If yes, explain:
- I have been clean and sober since: _____
- Do you currently attend support meetings (i.e., AA, NA, etc.)?
 - If so, how often, where, and who is your sponsor?

What medications are you currently taking (prescription and over the counter)?

Do you have any health needs not being met? If yes, explain:

Do you have any known allergies? If yes, what are they?

VOA/VOANNE/VA Information:

Have you ever been denied placement at any other VOA/VOANNE? Yes No

- If yes, please give date(s) and reason(s) for denial(s):

Have you ever received services from VOA/VOANNE? Yes No

- If yes, please provide place(s) and date(s):

Do you have any overall needs not being met? Yes No

- If yes, please explain:

What are the veteran's needs if accepted into one of the VOANNE Veteran Services Programs?

Are you currently working with any VA or other Case Manager(s)? If so, please provide their name, the organization which they are a part of, and phone number.

Case Manager:

Organization: _____

Phone Number: _____

Case Manager:

Organization: _____

Phone Number: _____

Case Manager:

Organization: _____

Phone Number: _____

Additional Information:

How did you hear about this program?

Are you currently in debt? If yes, what are your plans for paying off your debts?

Have you been a victim of any crime?

Do you possess a valid driver's license? Yes No

Do you own reliable transportation? Yes No

- Make of vehicle: _____
- Year of vehicle: _____
- Is it insured? Yes No If yes, who is the insurance provider? _____

Date of Interview with VOA Veteran Services Case Manager(s): _____

***Please attach a copy of the Veteran's DD214 when sending this Referral Form.**
***The Vet must have a General Discharge or above to be considered for placement.**
***NOTE: A HOMES Assessment must be completed during the referral/interviewing process and PRIOR to admittance. This must be done through the VA. (The HOMES Assessment expires 30 days after it is administered and must be re-administered if it expires before the Vet is admitted).**
***Please inquire about the requirements with VOA staff.**
***Please fax all fully completed Referral Forms to the Arthur B. Huot House 207-571-3374. For any questions please feel free to call/email the Operations Coordinator, Brian Bouthot: 207-229-8306, brian.bouthot@voanne.org, or the Program Manager, Lauri Legere 207-571-3359, lauri.legere@voanne.org. Failure to fill out the form completely will result in a slow process...the more info provided the quicker an interview can be scheduled. Thank you.**

Veteran Services reserves the right to deny acceptance into the program to applicants who have a prior history of sexual offenses or other violent convictions. This denial extends to any applicant who falsifies information in any portion of their application. I affirm that all the information I have given is true and correct.

Signature _____ Date ____ / ____ / ____