

# Support Homeless Veterans, Inc.



## Supported Permanent Shared Housing Application

1900 Fitzgerald Street \* Philadelphia, PA 19145 \* Phone: (267) 294-1191

Complete entire application with the assistance of a case manager. Submit application to a Support Homeless Veterans housing representative in person or online at [team@supporthomelessveterans.org](mailto:team@supporthomelessveterans.org).

### Referral Information

Veteran Name: \_\_\_\_\_ SS# \_\_\_\_\_ DOB: \_\_\_\_\_

Referring Agent: \_\_\_\_\_ Position: \_\_\_\_\_

Agency Organization: \_\_\_\_\_ VISN# \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Military Service & Veteran Status:

Branch of Service: \_\_\_\_\_ Dates Served: \_\_\_\_\_ Character: \_\_\_\_\_

### Items needed with application

- Copy of Veteran's DD-214/Statement of Service/HINQ
- Psych Social
- PPD results no older than 1-year
- VA release of information
- List of active medication
- Verification of clean time on VA letter head

Application referred by

\_\_\_\_\_  
(Signature of referring agent)

\_\_\_\_\_  
(Date)

Application

\_\_\_\_\_  
(Signature of SHV staff)

\_\_\_\_\_  
(Date)

### Personal Information

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Name: \_\_\_\_\_ SS# \_\_\_\_\_ DOB: \_\_\_\_\_

Last Permanent Address: \_\_\_\_\_ Phone: \_\_\_\_\_

House Applying For: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact Number : \_\_\_\_\_

Marital Status: \_\_\_\_\_

Education: Highest Grade Completed: \_\_\_\_\_ Degree: \_\_\_\_\_

Current Housing:  Streets  Transitional \_\_\_\_\_  
 Shelter  Family/Friend  VA DOM  Other: \_\_\_\_\_

Do you have children?  No  Yes If yes, list ages: \_\_\_\_\_

Are you guardian/custodian of your minor children?  No  Yes

If no, guardian name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### History of Homelessness

Dates

Site/Location

Reason Homeless

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### Medical Health

List current medical status and health problems: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Last Physical? When? \_\_\_\_\_ Where? \_\_\_\_\_ By Whom? \_\_\_\_\_

Last TB test? \_\_\_\_\_ Allergies? \_\_\_\_\_

VA Primary Care Physician? \_\_\_\_\_ Ext. \_\_\_\_\_

Special Diet: \_\_\_\_\_

Recent Weight Change: \_\_\_\_\_ Why: \_\_\_\_\_

### Mental Health

Substance Abuse History:       No               Yes

Any treatment received?       No               Yes

If yes, where? \_\_\_\_\_

Please fill in chart below:

<u>Substance</u>	<u>Check Use</u>	<u>Length of use</u>	<u>Program Treatment</u>	<u>In-pt. or out-pt.</u>	<u>Date</u>
Alcohol					
Amphetamines					
Barbiturates					
Marijuana					

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Cocaine

Hallucinogens

Heroin

Prescription drugs

Other

Describe your current mental health status? \_\_\_\_\_

Have you ever been given a psychiatric diagnosis?  No  Yes When: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Ever been treated for a psychiatric or mental health problem?  No  Yes

If so, please complete the table below.

Date	Place	Service: Inpatient, Outpatient
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Any history of self-harm?  No  Yes If so, specify behavior and age at occurrence (Self-mutilation, eating disorder, suicide attempts, ect.)

Last time the event happened? \_\_\_\_\_

Were you hospitalized?  No  Yes Where? \_\_\_\_\_

Ever seen for PTSD?  No  Yes if yes: Combat? \_\_\_\_\_ Non-combat? \_\_\_\_\_

Ever seen for sexual trauma?  No  Yes Military Sexual Trauma?  No  Yes

If yes, where? \_\_\_\_\_



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Domestic Violence?     No     Yes    If yes, where? \_\_\_\_\_    When? \_\_\_\_\_

Would you like to be seen for any of the above?     No     Yes

Have you filed a VA claim for any of the above?     No     Yes

Please list all Medical & Psychiatric medications below (attach sheet if needed)

Medication	Reason	Dose	How Often
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Medication	Reason	Dose	How Often
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### Benefits and Income:

Income:     None;     Employment \$ \_\_\_\_\_     SSI \$ \_\_\_\_\_     SSD \_\_\_\_\_

Welfare \$ \_\_\_\_\_     VA Comp \$ \_\_\_\_\_     VA Pension \$ \_\_\_\_\_

Unemployment \$ \_\_\_\_\_     Other: \_\_\_\_\_

Do you have or plan to file for one SSD, SSI, VA pension, VA compensation? If so please circle.

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Amount of Savings: \$ \_\_\_\_\_ Amount in Checking: \$ \_\_\_\_\_

Amount of Debt: \$ \_\_\_\_\_ To whom: \_\_\_\_\_

### Employment History

Last Employer \_\_\_\_\_ When? \_\_\_\_\_

How long employed: \_\_\_\_\_ Why left position: \_\_\_\_\_

Employment skills/training: \_\_\_\_\_

Are you in school? \_\_\_\_\_ Where? \_\_\_\_\_

### Legal History

Ever incarcerated?  No  Yes When? \_\_\_\_\_ Where? \_\_\_\_\_

For what offense? \_\_\_\_\_

Are you currently on parole or probation?  No  Yes

If yes: Where? \_\_\_\_\_ P.O. Contact: \_\_\_\_\_

Outstanding charges/warrants against you?  No  Yes

If yes, specify: \_\_\_\_\_

Outstanding court dates?  No  Yes

If yes, When and where? \_\_\_\_\_

Have you filed a protection from abuse order?  No  Yes

Has anyone filed a protection of abuse order against you?  No  Yes

### Please carefully review the following:

I understand the conditions outlined above and fully agree that the information presented is true to the best of my knowledge. I understand that I will be terminated from the Supportive Shared Housing Initiative based on non-



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compliance with the rules and regulations only. I certify that I am a U.S. military veteran and am currently homeless. I understand that I have the right to a grievance procedure if my request is denied. I understand that any misinformation provided by me on this application could be reason for my immediate involuntary discharged from the Supportive Shared Housing Initiative provided by Support Homeless Veterans, Inc.

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(Applicant Signature)

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(Date)

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(SHV Staff Signature)

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(Date)