



**VETERAN STATUS**

<input type="checkbox"/> Veteran <input type="checkbox"/> Spouse of Veteran <input type="checkbox"/> Non-Veteran Service Connected Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No                      Non- Service Connected Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No Honorable Discharge: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, did you serve over two years? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**HOUSING STATUS**

(Please check all that apply)

<input type="checkbox"/> Alone	If alone, how do you cover your living expenses? _____ _____ _____
<input type="checkbox"/> With Family	If you live with family, do you contribute to your living expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> With Roommates	If you live with roommates, do you contribute to your living expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Supported Housing	Name of agency: _____
<input type="checkbox"/> Group Home/ALF/ Adult Foster Care/ Nursing Home	Name of home or agency: _____
<input type="checkbox"/> Hospital	Name of hospital: _____
<input type="checkbox"/> Shelter	Name of shelter: _____
<input type="checkbox"/> Homeless	

**TRANSPORTATION**

How will you arrive to Vincent House?

- Public transportation
- Care Ride/DART/Uber
- Walk / bicycle
- Drive own car

Do you have a Driver's License?     Yes     No

**EMPLOYMENT HISTORY AND GOALS**

Current Employment:                       Part-time     Full-time     Unemployed

Future Goals:  Maintain current job  Obtain part-time job  Obtain full-time job     Not seeking paid work

***If currently employed:***

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

Employer Phone: \_\_\_\_\_ What do you do at your job? \_\_\_\_\_

***If you are not currently employed, what do you do during the day?***

\_\_\_\_\_  
\_\_\_\_\_

**WORK HISTORY:**

Dates	Employer	Job Title - Type of Work	Hours/week	Pay/hour

Estimate number of paid jobs you have had: \_\_\_\_\_ Estimate number of years you have worked for pay: \_\_\_\_\_

**INCOME**

(Please check all that apply and enter monthly amounts)

- SSI \$ \_\_\_\_\_       SSDI \$ \_\_\_\_\_       Food stamps \$ \_\_\_\_\_  
 Wages \$ \_\_\_\_\_       Retirement Benefits \$ \_\_\_\_\_       Veteran's Benefits \$ \_\_\_\_\_  
 Family Support \$ \_\_\_\_\_       Friend Support \$ \_\_\_\_\_       Child Support \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_      Please Explain: \_\_\_\_\_

Do you have a Rep Payee?  Yes  No

If yes, name of your Rep Payee or Rep Payee Company: \_\_\_\_\_

Address of Rep Payee: \_\_\_\_\_

Phone of Rep Payee: \_\_\_\_\_

**VOTING**

Are you registered to vote?  Yes  No

If no, would you be interested in registering?  Yes  No

**LEGAL HISTORY**

(Please answer all questions)

- Have you ever been in jail?  Yes  No  
Have you ever been in prison?  Yes  No  
Have you ever been convicted of a misdemeanor?  Yes  No  
Have you ever been convicted of a felony?  Yes  No  
Have you ever physically injured anyone?  Yes  No

If you answered yes to any of these questions, please indicate dates, causes and outcome:

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**PROVIDER INFORMATION**

**CASE WORKER/MANAGER:**

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

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

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

**THERAPIST:**

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

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

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

**PSYCHIATRIST:**

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

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

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

**PRIMARY CARE MD:**

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

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

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

**PROSPECTIVE MEMBER**

*I hereby certify that all information stated on this application is correct.*

\_\_\_\_\_  
(Signature)

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

THANK YOU FOR TAKING THE TIME TO PROVIDE US WITH ALL OF THIS INFORMATION!

