



Application Packet

Veteran Integration Program (V.I.P)

Homeless Veteran Housing Programs of
Housing opportunities of SW Washington

In partnership with

- Veterans of Foreign Wars Post 1045
- Disabled American Veterans Chapter
- American Legion

Demographic:

Date of Application ____/____/____

Name _____
Last First Middle

Nickname (or any Alias) _____ Phone # _____ Other Phone _____

SSN _____ - _____ - _____ DOB ____/____/____ Age _____

Sex (M or F) _____ Marital Status _____ # of Children _____

Current Living Situation _____

Valid Mailing Address _____

Have you ever been in a housing program? Yes/ NO. If so, when, where, and why, did you leave the program? -

Referred by (check one): Local Service Provider ____ VA Addiction Therapist ____ VA Health Provider ____

Emergency Notification:

Name _____ Relationship _____

Address _____ Phone # _____

Military Service:

Branch _____ MOS/Job _____ Type of Discharge _____

Length of Service ____ yrs. ____ mos. From ____/____/____ To: ____/____/____

Service Era (circle):	WWII 12/41-12/46	Pre-Korean 1/47 - 6/50	Korean 7/50 – 1/55
	Post-Korean	Vietnam	Post-Vietnam
			Persian Gulf

2/55 – 7/64

8/64 – 4/75

5/75 – 7/90

8/90 - Present

Race (circle): Asian Asian/White Black Black/White White/Hispanic White/Non-Hispanic
American Indian/Alaskan Native Indian/Alaskan & White Multiple Races Hawaiian/Pacific Islander

Homelessness:

Have you ever been homeless? Yes No # of Times _____

Length of Homelessness (circle): 1- 30 days 31-180 days 6 mo-1yr
1 yr- 2yrs more than 2 yrs Not Homeless

Legal:

Ever been arrested? Yes No # of Times _____ Convicted? Yes No

of Misdemeanors _____ Charges _____

of Felonies _____ Charges _____

Currently on Probation/Parole? Yes No Where? _____

Community Custody Officer Name & Address _____

Outstanding fines and/or fees? Yes No Amount Owed \$ _____

Do you have outstanding Warrants? Yes No Describe _____

Will background check results verify your answers? Yes No

Restraining Orders? Yes No State _____ From whom? _____

Child Support? Yes No Monthly Payment \$ _____ Back Amt Owed \$ _____

Drivers License? Yes No State _____ Lic. # _____

Vehicle in your possession? Yes No Type _____ Insurance? Yes No

Short description of current legal involvement: _____

Income:

Type(s) of income _____ Amount \$ _____ wk/mo/yr
_____ Amount \$ _____ wk/mo/yr
_____ Amount \$ _____ wk/mo/yr

Are you receiving any S.S.I or Veterans Disability Comp.? Yes No Claim Pending

If yes, describe the disability and the rating associated with that claim.

Employment:

Most recent job _____

Employed from: ____/____/____ to: ____/____/____

Education:

H.S. Diploma/GED? Yes No Years of Education _____ Degree _____

Field of Study _____ Last School Attended _____

Mental Health:

Have you been diagnosed with a mental illness? Yes No (If yes, please explain below)

Currently being treated? _____

Type of treatment (circle): Individual Counseling Group Therapy Medications

Is their need for further mental health evaluation? _____

Physical Health:

Do you have any Physical Medical Conditions that could impair you from working or complying with program requirements? Yes No (If yes, please explain below)

When was the last time that you checked into a hospital? _____

What was the nature of the visit? _____

Chemical Dependency:

Are you now or have you ever been addicted to any drug or alcohol? Yes No
(If yes, please explain) _____

Drug(s) of Choice: _____ How Long _____

Times in treatment _____ Longest Sobriety _____ Sobriety Date ____/____/____

Questions:

Why do you want to enter the Veteran Integration Program? _____

If you could only accomplish one thing while on this program, what would that be and why?

I CERTIFY AND AFFIRM, UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON, THAT THE FORGOING STATEMENTS AND INFORMATION ARE TRUE AND CORRECT.

→

Applicant Signature

Date



Authorization for Release of Information

A Tenant Based Rental Assistance Program of Housing Opportunities of SW Washington

Purpose: In signing this consent form you are authorizing the Housing Opportunities of SW Washington (HOSWWA) to request information from sources listed on this form and give information to sources also listed. HOSWWA needs this information to ensure you are eligible and receiving the correct level of house assistance and services. For HOSWWA and your other service providers to effectively partner in serving you, we will need to share information with each other.

Who must sign this form: Each veteran applying to receive housing assistance and supportive services.

Sources from which information may be obtained: Veteran Organizations, Financial Institutions (Banks, lenders), credit bureaus, State, City or County agencies, Educational Institutions, Social Service Agencies and any other agency, group, office, organization or individual where information or material may be obtained to determine a veteran participant's eligibility, correct level of assistance or services, or are assisting the veteran participant to become self-sufficient.

Sources from which information may be given: Veteran Organizations, Financial Institutions (Banks, lenders), State, City or County agencies providing services to the veteran participant, Educational Institutions, Social Service Agencies and any other agency, group, office, organization or individual providing services to assist the veteran participant in their transition from homelessness to permanent housing and self-sufficiency.

I do hereby authorize Housing Opportunities of SW Washington and its staff access to information and the ability to give information that may be considered sensitive and confidential.

*****A PHOTOCOPY OF THIS AUTHORIZATION MAY BE ACCEPTED IN PLACE OF THE ORIGINAL*****

→

Applicant Signature

Date



Authorization for Publicity Release

A Tenant Based Rental Assistance Program of Housing Opportunities of SW Washington

Veteran Integration Program Publicity Release Form

In connection with my participation in the production of any print, audio or filmed program material by the **Housing Opportunities of SW Washington** and the **Veteran Integration Program (VIP)**. I hereby grant, assign, and convey to the **VIP** all rights, titles and interest I may have in and to the specified program material and into any reproduction made there from.

I also irrevocably authorize the **VIP**, free of charge and without limitation, to broadcast, distribute, publish, and/or exhibit the specified program material and any reproduction made there from, or any portions thereof.

Signature:

Printed Name:

Date:

Client Release of Information

Washington State HMIS

IMPORTANT: Do not enter personally identifying information into HMIS for clients who are: 1) in DV agencies or; 2) currently fleeing or in danger from a domestic violence, dating violence, sexual assault or stalking situation. *If this applies to you, STOP- Do not sign this form.*

This agency participates in the Washington State Homeless Management Information System (HMIS) by collecting information, over time, about the characteristics and service needs of men, women, and children experiencing homelessness.

To provide the most effective services in moving people from homelessness to permanent housing, we need an accurate count of all people experiencing homelessness in Washington State. In order to make sure that clients are not counted twice if services are received by more than one agency, we need to collect some personal information. Specifically, we need: **name, birth date, race, and last permanent address.** You may also choose to provide your social security number, but signing this form does not require you to do so. Your information will be stored in our database for 7 years.

- We will guard this information with strict security policies to protect your privacy. Our computer system is highly secure and uses up-to-date protection features such as data encryption, passwords, and identity checks required for each system user. There is a small risk of a security breach, and someone might obtain and use your information inappropriately. If you ever suspect the data in HMIS has been misused, immediately contact the HMIS System Administrator at (360) 725-3028.
- The data you provide will be combined with data from the Department of Social and Health Services (DSHS) for the purpose of further analysis. Your name and other identifying information will not be included in any reports or publications. Only a limited few staff members in the research division who have signed confidentiality agreements will be able to see this information.
- Your decision to participate in the HMIS will not affect the quality or quantity of services you are eligible to receive from this agency, and will not be used to deny outreach, shelter or housing. However, if you do choose to participate, services in the region may improve if we have accurate information about homeless individuals and the services they need.

I consent to the inclusion of personal information in HMIS about me and any dependents listed below and authorize information collected to be shared with partner agencies. I understand that my personal information will not be made public and will only be used with strict confidentiality. I also understand that I may withdraw my consent at any time.

Dependent children under 18 in household, if any (first and last names):

CLIENT SIGNATURE (PARENT/GUARDIAN)

DATE

CLIENT NAME

DATE OF BIRTH

STAFF NAME

HMIS Consent Form

Revised 4/10

This form may not be amended except by approval of the Washington State Department of Commerce