

APPLICATION CHECKLIST

DAV MA Service Fund Inc. is not an emergency shelter. To be eligible for participation in any of the housing options of the Veteran Advancement Programs, an application must be submitted complete, along with the following:

- Military Discharge Papers (DD-214)
- General Release of Information
- VAMC Release of Information
- Medical Records:
 - History of physical
 - Most recent psycho-social history
- Current list of Medications
- List of current Providers & Contact info

The following is required for all individuals of the household (as applicable):

- Income Verification (in application and proof below)
 - Proof may include copy of paystubs, benefits award letters, bank statements, employer verified letter, etc.
- Copy of photo IDs
- Copy of birth certificates
- Copy of marriage license
- Copy of social security cards
- CORI Form

Upon completion: Applications must be submitted complete with all applicable documents above.

Complete application packages may be sent via email to admissions@davma.org or via postal mail to:

DAVMA Service Fund Inc-Admissions

3 Victory Lane

Gardner, MA 01440

Upon receipt of complete application packages, a Program Coordinator will reach out to follow-up with you regarding eligibility and availability.

HOUSING NEEDED		
<p><u>Congregate Housing</u> (shared common areas, kitchen, bathrooms):</p> <p><input type="checkbox"/> Single Room Occupancy [SRO] Independent ADL Assistance needed? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p><input type="checkbox"/> Double [Shared Room w/ another veteran] Independent ADL Assistance needed? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p>	<p><u>Other Housing:</u></p> <p><input type="checkbox"/> Studio Apartment</p> <p><input type="checkbox"/> 2-Bedroom Apartment</p>	
<p>*If Independent ADL Assistance is required, please specify your needs:</p> <hr/> <hr/>		
VETERAN APPLICANT INFORMATION		
Name:		
Date of birth:	SSN:	Phone:
Current address: (if homeless write 'homeless')		
If homeless, how long?	Total family members in current household?	How long at current address?
City:	State:	ZIP Code:
E-Mail:		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Do you have a DD-214?	Dates Served: _____ to _____	
Discharge Status: _____ Honorable _____ Medical _____ General _____ BCD _____ Other		
Education Level: _____ HS/Equivalent _____ Associate _____ Bachelor _____ Master		
War:		
<input type="checkbox"/> WWII <input type="checkbox"/> Korea <input type="checkbox"/> Vietnam <input type="checkbox"/> Lebanon <input type="checkbox"/> Grenada <input type="checkbox"/> Persian Gulf <input type="checkbox"/> Afghanistan <input type="checkbox"/> Iraq <input type="checkbox"/> Peace Time <input type="checkbox"/> Other		
EMERGENCY CONTACT INFORMATION		
Contact's Name:		Relationship to Veteran:
Primary Phone:	Cell #:	E-mail:
Contact's Name:		Relationship to Veteran:
Primary Phone:	Cell #:	E-mail:

REFERRAL INFORMATION		
Name of Case Manager, Nurse, or Agent:		
Hospital/Program Name:		Phone:
City:	State:	ZIP Code:
PREVIOUS TWO (2) ADDRESSES (most recent previous address first)		
Previous Address 1:		
City:	State:	ZIP Code:
Years lived:		
Previous Address 2:		
City:	State:	ZIP Code:
Years lived:		
HEALTH INFORMATION		
Do you currently qualify for VA Healthcare?		If YES, have you applied?
Who is your primary care physician?		
Address:		Phone:
City:	State:	Zip:
Other organizations involved in treatment:		
Who is your primary mental health provider?		
Address:		Phone:
City:	State:	Zip:
Other organizations involved in treatment:		
Do you have any service-connected disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What is your current VA disability rating?		
List service-connected disabilities:		
Have you been diagnosed with substance and/or alcohol abuse?		If YES, length of sobriety?
Are you currently located at a detox facility?	Where?	If YES, when do you expect to be discharged?

INCOME VERIFICATION			
PLEASE INDICATE HOW MUCH YOU RECEIVE MONTHLY FROM THE FOLLOWING RESOURCES. PLEASE BE AS ACCURATE AS POSSIBLE.			
Service Connected:	SSI:	Workman's Comp:	Chapter 115:
Non-Service Connected:	SSDI:	Child Support:	Educational Assistance:
<p>**REQUIRED** Please attach copies of bank statement showing deposits for last 2 months, VA Tax Abatement Letter, VA Disability Award Letter, SSDI Benefits Letter, Last 2 Paystubs from employer, VA Education Benefits award print, Court Order or Department of Revenue child support verification letter, or any other essential documentation to show total household income for <u>all</u> adults over the age of 18 within the household.</p>			
LEGAL & CORI INFORMATION			
Have you been convicted of any sexual offense?			
If YES, are you a registered sex offender?			
Have you been convicted of any felony and/or arson?			
List all pending Charges, Warrants, Probation, Paroles (include Courts and Date):			
Longest Time Incarcerated?			



GOALS

What do you hope to accomplish while residing in our Veteran Advancement Programs?

- Education (GI Bill, Voc Rehab, etc.)
- Trade/Apprenticeship Program
- VA Claims/ Benefits Assistance
- Healthcare (physical and/or mental health)
- Maintaining Sobriety
- Working towards financial stability/debt consolidation
- Homeless transitional housing
- Reintegration from Military to Civilian Life
- Other

Please explain:

SIGNATURE	
<p>I understand that I am reporting my past and current income for the DAVMA Service Fund to establish my eligibility for assistance. I declare under penalties of perjury that the foregoing representations of the income for my household are true, correct, accurate, and complete in all respects. I further understand that falsification of information and/or omittance of information in this application will result in rejection of application and/or discharge from the program.</p>	
Signature of Applicant:	Date:
Print Name:	

SPOUSE SIGNATURE (IF APPLICABLE)	
<p>I understand that I am reporting my past and current income for the DAVMA Service Fund to establish my eligibility for assistance. I declare under penalties of perjury that the foregoing representations of the income for my household are true, correct, accurate, and complete in all respects. I further understand that falsification of information and/or omittance of information in this application will result in rejection of application and/or discharge from the program.</p>	
Signature of Spouse:	Date:
Print Name:	

DEMOGRAPHIC SURVEY

Please indicate your ethnicity by choosing ONE answer only. We are required to report demographics served to various donors and agencies to receive continued funding. Your name is not included with your answer selected below. Should you opt out of answering, staff will provide their best determination based off appearance and/or surname.

The following information is requested by donors and agencies to monitor compliance with federal statutes that prohibit discrimination in housing. **You are not required to furnish this information but are encouraged to do so. The law provides that we may not discriminate either based on this information, or on whether you chose to furnish it.** If you do not furnish ethnicity or sex, staff are required to note information based on visual observation or surname if you have made this request and submitted your application. **If you do not wish to furnish the information, please check the circle below.**

I do not wish to furnish this information

Ethnicity:

- Caucasian
- African American
- Asian
- Hispanic
- Native American
- Other

Sex:

- Male
- Female

If completed by Staff:

- Face-to-Face Interview
- Phone Interview

Print/Sign name below & Date:



General Release of Information

Date: _____

Name: _____

DOB: _____

Last 4 of SSN: _____

I authorize the release of all records to and from the DAVMA Veteran Advancement Program, 3 Victory Ln, Gardner MA 01440, and its programs including personal, medical, psych/social, financial, VAMC, police and any other files. I also grant full permission to speak to my therapists, counselors, psychologists, case managers, and those involved in my care, during the application process and as long as I am a client at the DAVMA Veteran Advancement Program.

_____ Yes _____ No _____ Initial

I authorize the release of my STD results, HIV/AIDS testing, whether negative or positive, to the person(s) listed below. I understand that the person(s) listed below will be notified that I must give specific written permission before disclosure of these test results are released to anyone.

_____ Yes _____ No _____ Initial Name: _____

I authorize the release of any records to and from DAVMA Veteran Advancement Program regarding drug, alcohol, or mental health treatment to the person(s) listed below.

_____ Yes _____ No _____ Initial Name: _____

Date: _____

Signature: _____

Printed: _____

Witness: _____



Criminal Offender Record Information (CORI) Acknowledgement Form

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

_____ is registered under the
(Organization)
provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to _____
(Organization)

to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing _____
(Organization)
with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The _____ may conduct
(Organization)
subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that
_____, must first provide me
(Organization)
with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date



**THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services**
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last **SIX** digits of Social Security Number: ____ -- ____ No Social Security Number

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date