

**After completion of this packet  
please submit to the GPD program via:**

**scan to:**

**[Awashington@vneoc.org](mailto:Awashington@vneoc.org)**

**fax to:**

***(978) 971.4006***

***ATTN: Anthony J. Washington  
GPD Program Manager***

**In person:**

***Drop off at the front desk @  
10 Reed St.***

***Haverhill, MA 01830***

***8 am – 4 pm***

**Please ensure that you completely fill out the application and include the following information:**

- ***House intervention / Housing goal***
- ***Current income***
- ***Area that you are interested in finding housing***

**Please attach the following documents**

- Photo I.D.***
- ***DD-214***
- ***Income verification***

**\*If your application is incomplete, you will be contacted for further review.**



# Veterans Northeast Outreach Center

10 Reed Street, Haverhill, MA 01832

Phone: (978)-372-3626 Fax: (978)-372-5197

Referring Agency/ Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_ Date: \_\_\_\_\_

Veteran's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Gender:  Male  Female  Other  Refuse Ethnicity:  HIS or  NON-HIS Race: \_\_\_\_\_

Disabled:  Yes  No If Yes,  Physical  Mental  Cognitive – Able to live independently?  Yes  No

Previous Admission to VNOC?  Yes  No / If yes, please list programs? \_\_\_\_\_

Eligible for VA Medical  Yes  No Service Connected:  Yes  No If YES, Percent: \_\_\_\_\_%

DD214  Yes  No Branch of Service: \_\_\_\_\_ Discharge Status: \_\_\_\_\_

Active Duty – time other than training?  Yes  No Total # of active duty days other than training? \_\_\_\_\_

## Program/Service(s) Requested

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Grant per Diem    | <input type="checkbox"/> Job Assistance      | <input type="checkbox"/> Transportation       |
| <input type="checkbox"/> SSVF              | <input type="checkbox"/> Education           | <input type="checkbox"/> Emergency Assistance |
| <input type="checkbox"/> Housing / HUD     | <input type="checkbox"/> Training            | <input type="checkbox"/> Child Support        |
| <input type="checkbox"/> Immediate Shelter | <input type="checkbox"/> Benefits Assistance | <input type="checkbox"/> Other: _____         |

## Employment & Income History

Total Income: \_\_\_\_\_ / \_\_\_\_\_ Is Veteran Working:  Yes  No

Current/ Previous Employer Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Start/End Date \_\_\_\_\_ Hourly Wage \$ \_\_\_\_\_ Weekly Hours: \_\_\_\_\_

Unemployment Comp Amount:\$ \_\_\_\_\_/\_\_\_\_\_ SSI Amount:\$ \_\_\_\_\_/\_\_\_\_\_

Child Support Amount:\$ \_\_\_\_\_/\_\_\_\_\_ SSDI Amount:\$ \_\_\_\_\_/\_\_\_\_\_

Social Security Ret Amount:\$ \_\_\_\_\_/\_\_\_\_\_ Pension Amount:\$ \_\_\_\_\_/\_\_\_\_\_

Workers' Comp Amount:\$ \_\_\_\_\_/\_\_\_\_\_ SVC CON Disability Amount:\$ \_\_\_\_\_/\_\_\_\_\_

Chapter 115/NON-SVC Amount:\$ \_\_\_\_\_/\_\_\_\_\_ Other Source of Income Amount:\$ \_\_\_\_\_/\_\_\_\_\_

Highest LVL of education: \_\_\_\_\_ Are you currently enrolled in school:  Yes  No

Do you wish to participate in our DOL – funded workforce reintegration program.....  Yes  No

Do you have a valid driver's license?  Yes  No Do you have your own private transportation?  Yes  No

## For Identification: (Please attach as many of the following as possible)

State ID:  Yes  No DD-214 (Member-4) (most recent):  Yes  No Recent proof of income:  Yes  No

Social Security Card:  Yes  No US Birth Certificate:  Yes  No Problem List:  Yes  No  N/A

Psychosocial:  Yes  No Current Medication List:  Yes  No US Passport:  Yes  No  N/A

## Housing needs

Do you have a housing intervention:  Yes  No If yes, what is it? \_\_\_\_\_

Current Housing Status:  Homeless  Imminent risk of homelessness (with-in 14 Days)  Housed / but at Risk (with-in 30 days)  
 Inmate/Jail diversion  Family/ Friends (couch surfing)  Subsidized Housing (VASH/ Voucher)  
 VA in-patient program  Other: \_\_\_\_\_

Current or last address that you lived at and 2 prior addresses:

Dates of tenancy: \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Previous address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates of tenancy: \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Previous address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates of tenancy: \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Previous address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Have you ever had a VASH voucher?  Yes  No Have you ever lived in subsidized housing?  Yes  No

Have you ever been evicted?  Yes  No If yes, how many times? \_\_\_\_\_

Do you have any rental or utility arrears that were not paid?  Yes  No If yes, total amount? \_\_\_\_\_

What Unit Size is needed:  SRO  1BRM  2 BRM  Other \_\_\_\_\_

Does Veteran require a handicap accessible unit?  Yes  No List any modifications or special accommodations needed: \_\_\_\_\_

Does Veteran or household member require the use of an emotional support/service animal?  Yes  No

**Substance Misuse History**-----

Is Veteran currently engaged in Treatment:  Yes or  No

If Yes, when did you start? \_\_\_\_\_ Where: \_\_\_\_\_

Drug most recently abused: \_\_\_\_\_ Date of Sobriety: \_\_\_\_\_

Is Veteran involved in a methadone maintenance program?  Yes  No Where: \_\_\_\_\_

**Mental Health Diagnosis:**  Yes  No  N/A Does Veteran have a history of suicide attempts?  Yes  No

Therapist Name and Phone: \_\_\_\_\_

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

Medications for Mental Health: \_\_\_\_\_

Psychiatric Hospitalization(s): \_\_\_\_\_

**Cognitive Issues:** (i.e. Traumatic Brain Injury, TBI):  Yes  No  Unknown  N/A

Specialist Name and Phone: \_\_\_\_\_

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

Medications for Cognitive Health: \_\_\_\_\_

**Major Medical Issues:** (i.e. diabetes, heart disease, contagious infections)  Yes  No  N/A

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

Medications for Medical Issues: \_\_\_\_\_

Does Veteran have a Medical Marijuana Card:  Yes  No

**Legal History**----- **Does the Veteran any current or pending charges?**  Yes or  No

Has Veteran ever been Arrested and/or Convicted:  Yes or  No Current Court Involvement  Yes or  No

Open Charges       Open Warrants       Active Probation       Restraining Orders

If yes what are the charges/dates: \_\_\_\_\_

Has Veteran ever been charged or convicted of a Sexual Offense?  Yes or  No

(If yes, explain): \_\_\_\_\_

Has Veteran ever been charged or convicted of a Domestic Violence Offense?  Yes or  No

(If yes, explain): \_\_\_\_\_

Probation/Parole Officer Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name of Court: \_\_\_\_\_ Date of Next Appearance: \_\_\_\_\_

Does the Veteran have a history of Violence?  Yes  No If yes, explain: \_\_\_\_\_

Does the Veteran have a history of Arson?  Yes  No If yes, explain: \_\_\_\_\_

Any other significant barriers in the veteran's life: \_\_\_\_\_

Why do you feel that GPD Bridge Housing is a good fit for you? \_\_\_\_\_

Anything else that you feel that the GPD staff should know when considering you for GPD admission?

\_\_\_\_\_

\_\_\_\_\_

.....

## STAFF ONLY!

\*\*\*\*\*

Packet received on: \_\_\_\_\_ @ \_\_\_ : \_\_\_ am or pm

Any missing documentation: \_\_\_\_\_

Outcome of screening: \_\_\_\_\_

\_\_\_\_\_

Client accepted to the GPD Program?  Yes or  No

GPD RESIDENTIAL BRIDGE TEAM MANAGER: \_\_\_\_\_ Date: \_\_\_\_\_  
SIGNATURE

If no, reason for denial? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referred to:

SSVF – CM's name: \_\_\_\_\_ Date: \_\_\_\_\_

Employment – CM's name: \_\_\_\_\_ Date: \_\_\_\_\_

Housing – CM's name: \_\_\_\_\_ Date: \_\_\_\_\_

Outreach – CM's name: \_\_\_\_\_ Date: \_\_\_\_\_