Application for Comprehensive Homeless Programs

VA Pittsburgh Healthcare System
1010 Delafield Road, Building 69
Phone: 412-822-1300
1-866-4VA-PITT

Veterans Recovery Center
Pittsburgh, PA 15260
FAX:412-822-1290(DOM)
412-822-1289(HCHV)

Date:_____

*****TO BE COMPLETED BY THE VETERAN WHO IS APPLYING FOR SERVICES*****

Veteran's Information

Name: _____ Social Security#:_____
Contact Phone #: _____ Age/DOB:_____/_____
Cell Phone #: _____

Whom may we contact in case of emergency? _____
Phone Number: _____

Where are you currently staying?
☐ Own Home/apartment ☐ Friend's Home/apartment
☐ Parent's Home/apartment ☐ Shelter:(name of the shelter)_____
☐ Other_____

How much longer can you stay where you are currently living: _____

When was the last time you lived independently?_____ _____

What program are you applying for?
☐ Domiciliary ☐ HUD-VASH
☐ HCHV Transitional Housing ☐ PRRTP/CWT Housing
☐ Veteran's Place
☐ Shepherd's Heart
☐ Mechling Shakley Veterans Center (268)
☐ Coraopolis

Military

Branch of the Service_____ Dates of Service: _____to_____
Highest Rank:_____ Rank at discharge:_____
Type of discharge:_____

In Combat: Yes ☐ No ☐ If Yes: When? _____ Where? _____

Service Connected %:_____ What is your SC disability? _____

Do you currently have a claim pending for VA benefits? Yes ☐ No ☐
Please explain: _____

Income and Employment

Income (per month): $_____ Source of Income:_____

Current amount of your monthly expenses: _____

How much do you owe in debt?_____ Explain:_____

Current valid driver's license: Yes ☐ No ☐ What State? _____

Are you currently employed? Yes ☐ No ☐
If yes, Where?_____ Dates:_____

Longest period of employment (other than the Military): From _____ To_____

What Company did you work for?_____ What was your job?_____

Reason for leaving your longest held job: ☐ Fired ☐ Laid Off ☐ Quit
Please explain your reason: _____

When did you last hold a job? From_____ To_____

What Company did you work for?_____ What was your job?_____

Reason for leaving that job: ☐ Fired ☐ Laid Off ☐ Quit
Please explain your reason:_____

What type of employment would you be interested in?_____

Have you ever applied for Social Security Disability? Yes ☐ No ☐

Have you ever applied for VA Pension? Yes ☐ No ☐

Do you plan on applying for disability benefits? Yes ☐ No ☐ If yes, explain:_____

_____

Family and Education

Marital Status: ☐ never married ☐ married ☐ widow ☐ significant other ☐ divorced ☐ separated

If married, how many times?_____

Children: Yes ☐ No ☐ How many?_____

Visitation: Yes ☐ No ☐ Child Support Payments? (amount)_____

Family Contact: ☐ Often ☐ Seldom ☐ Never

What family member(s) do you maintain contact with?_____

What was the last grade you completed in school?
1 2 3 4 5 6 7 8 9 10 11 12 +

Did you graduate? Yes ☐ No ☐ GED Equivalent Yes ☐ No ☐

Did you attend College? Yes ☐ No ☐

Special Training/Vocational School:_____

Medical Health History

Do you receive your healthcare from the VA? Yes ☐ No ☐
What Primary Care Team are you assigned to: _____

Who is your Primary Care Dr: _____

Are you or have you ever been treated for any of the following:

☐ High Blood Pressure	☐ Breathing Problems	☐ Seizures	☐ Head Injuries
☐ Diabetic	☐ Cancer	☐ Chronic Pain	☐ Back injury
☐ Heart Attack	☐ Stroke	☐ Arthritis	☐ Ulcers
☐ Hepatitis A, B, or C	☐ Other _____		

List the medication you are currently taking for medical reasons: _____
_____

Have you ever been hospitalized? Yes ☐ No ☐
If yes, When?_____
Where?_____
Why?_____

Mental Health History

Do you have any history of emotional problems or mental illness? Yes ☐ No ☐

Describe your emotional/mental health issues:_____
_____

Who are you currently seeing for these issues?_____

List the medication you are currently taking for your mental health issues:_____
_____

Have you ever been in the hospital for any mental health issues? Yes ☐ No ☐
If yes, Where ? _____
When? _____
Reason(s) ? _____

Family History of Mental Health treatment: Yes ☐ No ☐
If yes, Who? _____
Reason(s)? _____

SUICIDE RISK ASSESSMENT: YOU MUST ANSWER THESE QUESTIONS!!!

1. During the past month, have you had thoughts that you would be "better off dead"?
   Yes ☐ No ☐
2. During the past month, have you had thoughts of hurting yourself in some way?
   Yes ☐ No ☐
3. During the past month, have you thought about taking your own life?
   Yes ☐ No ☐

Substance Abuse History

Have you or do you use or abuse drugs or alcohol? Yes ☐ No ☐

Do you feel that Alcohol and Drugs are a problem for you? Yes ☐ No ☐

Please check all that you have used/abused:

☐ Alcohol ☐ Marijuana ☐ Cocaine/Crack ☐ Heroin

☐ LSD ☐ PCP ☐ "Uppers" ☐ "Downers"

☐ Peyote ☐ Mushrooms ☐ Prescription Drugs ☐ Inhalants

What is your drug of choice? _____

Last used Alcohol: (date)_____ Type/Amount:_____

Last used Drugs: date)_____Type/Amount:_____

When was your last rehab? (Date)_____ Where?_____

How many rehabs have you completed? _____ When was the first?_____

What is your longest clean/sober time?_____

Have you ever been active in a recovery program, ie. AA, NA, Smart Recovery, etc...?

Yes ☐ No ☐ What program? _____

Do you have a sponsor? Yes ☐ No ☐

Have you used other programs/agencies in the community for services? Yes ☐ No ☐

Where? _____

Have you ever felt the need to bet more and more money? Yes ☐ No ☐

Have you ever had to lie to people important to you about how much you gambled? Yes ☐ No ☐

Legal History

Have you ever been arrested? Yes ☐ No ☐
Convictions:_____

Do you have any court dates or outstanding warrants for your arrest? Yes ☐ No ☐
Explain:_____

Are you mandated by a Court decision or sentence to meet certain requirements, such as:

☐ Probation/Parole ☐ Pay fines/court costs ☐ PFA(Protection from abuse)

☐ Pay restitution ☐ Attend a drug and alcohol treatment program

☐ Give notification of your living arrangements

☐ Other: _____

Please explain:_____

Any history of violence toward other people? Yes ☐ No ☐

If yes, when?_____

Any history of domestic violence? Yes ☐ No ☐

Are you on: Probation ☐ Parole☐ How often are you required to report?_____

Parole/Probation Agent:_____ Ph#:_____

Self Assessment

To assist staff in developing your plan of care please answer these questions:

What are your STRENGTHS? _____

_____

What are your LIMITATIONS? _____

_____

What are your NEEDS? _____

_____

What are your ABILITIES? _____

_____

What are your INTERESTS? _____

_____

GOALS:

What are your Recovery Goals? _____

_____

What are your Housing Goals? _____

_____

What are your Employment Goals? _____

_____

Please read following and check before signing this application:

☐ *I understand and agree that providing false information on this application may result in my not being accepted or, if accepted receiving an irregular discharge from programming.*

☐ *I understand and agree that I will be required to be drug and alcohol free to gain admission into, and to continue in this Program. I understand that I must submit to a urine drug and alcohol testing at admission and randomly throughout my stay in the program.*

☐ *I understand and agree that I and/or my belongings will be searched upon admission, and at the discretion of VA Staff for illegal paraphernalia and contraband.*

☐ *I understand and agree that if accepted a medical exam will be completed on my scheduled admission date before I am admitted to ensure I am medically appropriate to participate in the program.*

☐ *I understand that surveillance cameras monitor the VA Medical Center Property and the Veterans Recovery Center for the purpose of security and safety of visitors and staff. If accepted into the Domiciliary Care Program, I understand that the Residential Villas (living room and kitchen area) are equipped with video surveillance camera for the purpose of security and safety of residents and staff.*

Veteran's Signature:_____ Date: _____

Rev 1.0, 1-20-10

(to be completed only if applying to Domiciliary Residential Program)

VA Pittsburgh Healthcare System

DOMICILIARY
RESIDENTIAL VILLAS LIVING AGREEMENT

SECURITY & SAFETY

1. I agree I will **ALWAYS** exit and enter the Villa complex through the MAIN Domiciliary Building Lobby.
2. I agree I will **ALWAYS** sign in and sign out at the Lobby Desk in the MAIN Building.
3. I agree I will remain in my apartment between the hours of 11:00PM and 6:00AM unless I have staff approval to exit the building.
4. I agree I will not tamper with or interfere with any security devices or video surveillance systems in the Domiciliary buildings.
5. I agree I will not give my apartment key card to other residents or visitors and I will report immediately to staff if it is lost.
6. I agree I will not permit non-program visitors in my apartment at any time..
7. I agree I will have my visitors sign in and out at the MAIN Building Lobby Desk.
8. **I AGREE I WILL NOT SMOKE** inside any of the DOMICILIARY Buildings.
9. I agree I will not engage in any form of sexual activities with visitors, other residents or VA staff on VA property.
10. I agree to have my personal electrical devices approved by staff before using.

LIVING ARRANGEMENTS

1. I agree to keep my personal room area neat and clean at **ALL** times.
2. I agree to perform my assigned chores within my apartment to keep the living environment clean and orderly.
3. I agree to unannounced inspections of my living environment and personal effects.
4. I agree not to abuse, misuse, steal or deliberately damage VA property.
5. I agree to report to VA staff any maintenance issues in a timely manner.

As a resident of the Domiciliary Residential Villa Community I understand and agree to these program rules and I also understand violation of any of these rules WILL result in disciplinary action and possibly discharge from the program.

(SEE CODE OF CONDUCT)

_____ _____

Resident's Signature Date Staff Witness Signature Date