**11400 Irvine Road, Winchester, Kentucky 40391**

**Telephone: 859-806-4297**

**Email: info@ladyveteransconnect.org**

**Date:** _____

**Contact and General Information:**

First Name: _____ MI:____ Last Name: _____

Have you been known by another name? Yes: ____ No: ____ If so, what? _____

Age: _____ DOB: _____ SSN: _____ Telephone: _____

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

*Circle all that apply

Most Current Address: Street: _____ City: _____ State: _____ Zip Code: _____

Martial Status: Single _____Never Married_____ Divorced _____Widowed _____ Significant Other _____

Total Income: _____ Source of Income: _____

**Emergency Contacts:**

Name: _____ Relationship: _____ Telephone: _____ Email: _____

Address: Street: _____ City: _____ State: _____ Zip Code: _____

Name: _____ Relationship: _____ Telephone: _____ Email:_____

Address: Street: _____ City: _____ State: _____Zip Code: _____

**Military History:**

Branch of Service: _____ Dates: From: _____ To: _____ DD214 Number: _____

Do you have a copy of your DD214 or other military identification? Yes: _____ No: _____ Can you obtain it?: _____

**Miscellaneous:**

Do you smoke? _____ Use any drugs (other than those prescribed)? _____

**Have you been treated or are you in need of treatment for any of the following? (Circle any that apply)**

- Alcohol Abuse
- Domestic Violence
- Drug Abuse
- HIV/AIDS
- Mental Illness
- Physical Disability
- Other: (Please specify): _____
- Are you presently using alcohol? Yes: _____ No: ____
- Are you presently using any street (illegal) drugs? Yes: ____No: ____
- If using any drugs, please list: _____

**Mental Health Counseling/Treatment: Diagnosis:** Yes: _____ No: _____

- When were you lasted treated? _____
- Where were you last treated? _____
- Prescribed Medications:

  _____

  _____

  _____
- Have you ever attempted Suicide: Yes: ___ No:_____
- Have you had thoughts of suicide in the last twelve months: Yes: _____ No: _____
- Have you ever experienced PTSD?: Yes: _____ No:_____ If so, describe:

  _____

  _____

  _____

  _____

  _____
- Have you experienced MST: Yes: ____ No: _____ If so, describe:

  _____

  _____

  _____

  _____

  _____

  _____

  _____

  _____
- Have you received a TBI Injury: Yes: _____ No:_____ If so, describe:

  _____

  _____

  _____

  _____

  _____

**Miscellaneous:**

Have you been homeless for at least one year? Yes: _____ No: _____

If so, how many times have you been homeless in the past three (3) years? _____

In the past thirty (30) days what has been your most current living situation?

- Domestic Violence
- Emergency Shelter
- Hospital
- Jail/Prison
- Living with relatives or friends
- None-housing (bus station, car, park, street, etc)
- Psychiatric Facility
- Rental Housing
- Substance Abuse Treatment Facility
- Other: (please describe)

**Children:**

- Do you have minor children? Yes: ____ No: _____
- Do you have custody of the children: Yes: ____ No: _____
- Children's names, ages, and gender:
  - I. Name: _____ Age: ____ Gender: _____
  - II. Name: _____ Age: ____ Gender: _____
  - III. Name: _____ Age: ____ Gender: _____

**Other:**

Do you have a service animal? Yes: ____ No: _____ If so, reason? _____

**What do you hope to achieve by participating in Lady Veterans Connect's Transitional Housing Program?**

_____
_____
_____
_____
_____
_____
_____

**Do you have a vehicle that you plan to bring with you? _____ If so, a copy of your insurance policy holding Lady Veterans Connect, Inc. harmless from an liability for damages or loss.**

**How did you learn about Lady Veterans Connect?**

_____

**I understand that this application is not a guarantee that you will be accepted in the program provided by Lady Veterans Connect? _____**

**I further understand that LVC is providing an opportunity for me, and it is my choice to follow rules/expectations/values of LVC's program to help me to move to a better and happier stable life. LVC provides the opportunity, love, and support. As a VETERAN, I choose to adhere to LVC's established rules/expectations/values**

**that will lead to my success. I understand that the first thirty (30) days will be a probation period. If I choose not to follow the house rules or participate in designated activities (cleaning, cooking/meal preparation, assisting with donations, financial management, and counseling) I will forfeit my eligibility for the program and will vacate the premises at the request of LVC.**

**If accepted, I agree to fully participate in the designated programs, counseling, and rules offered by Lady Veterans Connect.**

**Signature:** _____ **Date:**_____

**Approved by** _____ **Date:** _____

Lady Veterans Connect, Inc.

**Attach the following:**

- A copy of your DD214
- A copy of your driver's license/photo ID

**Financial Disclaimer:**

I understand that the information provided will be used only to determine my responsibility for financial costs of housing at LVC. I understand that any documents I provide as proof of status will be returned. I understand that the information provided is subject to verification. I certify that all information is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Approved by: _____ Date: _____

Lady Veterans Connect

**Attach the following:**

- A copy of your DD-214
- A copy of your driver's license or other identification

## BACKGROUND VERIFICATION RELEASE FORM

I, hereby authorize Lady Veterans Connect to request and receive any and all background information about or concerning me, including but not limited to my Criminal History, Social Security Number Trace, including a consumer report under the Fair Credit Reporting Act, 15 U.S.C. 1681, Driving Record, Employment History from any individual, corporation, partnership, and Law Enforcement Agency.

Signature: _____

Date: _____

Witness: _____

Date: _____