



SARATOGA COUNTY RURAL PRESERVATION COMPANY

A. C. Mazurek
Executive Director

36 CHURCH AVENUE • BALLSTON SPA, NEW YORK 12020 • 518 885-0091 • FAX 518/885-0998 • WWW.VETHOME.ORG

HOUSING/INITIAL INTAKE APPLICATION

DATE OF APPLICATION _____

PERSONAL INFORMATION

NAME: _____ M / F ___ D/O/B _____

SS# _____

PREVIOUS ADDRESS: _____

PREVIOUS ADDRESS: _____

MARITAL STATUS _____ CHILDREN? HOW MANY _____

ETHNICITY: AFRICAN AMERICAN ___ CAUCASION ___ LATINO ___ OTHER _____

EMERGENCY CONTACT _____ TEL # _____

EDUCATION: LAST GRADE COMPLETED _____ DIPLOMA I.E., HS/GED _____

MILITARY INFORMATION

BRANCH OF SERVICE _____ DATES OF SERVICE _____ TO _____

RANK AT DISCHARGE _____ TYPE OF DISCHARGE _____

DO YOU HAVE A DD 214 _____ IF YOU CAN PROVIDE A COPY, PLEASE ATTACH

ANY SERVICE CONNECTED DISABILITY? _____ EXPLAIN _____

ANY DISABILITY/INJURIES _____

DID YOU SERVE DURING WARTIME Y / N COMBAT DUTY Y / N

MEDICAL INFORMATION

ANY HEALTH INSURANCE Y / N LAST PHYSICAL _____

ENROLLED IN THE VETERAN HEALTH CARE SYSTEM Y / N

HOSPITALIZED IN THE LAST 5 YEARS? Y / N IF YES, FOR WHAT ISSUES:

CAN YOU WALK UP AND DOWN STAIRS? Y / N CAN YOU BEND DOWN? Y / N

DO YOU HAVE ANY DIFFICULTY BREATHING? Y / N

ARE YOU CURRENTLY BEING TREATED OR HAVE YOU BEEN TREATED FOR ANY FOR ANY MEDICAL CONDITION? IF SO WHAT

PHYSICAL _____

PSYCHIATRIC _____

SUBSTANCE ABUSE _____

CURRENT MEDICATION(S) _____

LAST PPD TEST (TUBERCULOSIS) _____ POS ____ NEG ____

FINANCIAL INFORMATION

ANY CASH ON HAND? Y / N HOW MUCH \$ _____ CURRENTLY EMPLOYED? Y / N

DO YOU HAVE DEBT? OR I.R.S. ISSUES? Y/N EXPLAIN

LEGAL INFORMATION

ANY LEGAL ISSUES PENDING (INCLUDING MOTOR VEHICLE ISSUES) Y / N IF YES, EXPLAIN _____

HAVE YOU EVER BEEN ARRESTED? Y/N IF YES EXPLAIN _____

HAVE YOU EVER BEEN INCARCERATED? Y/N WHAT STATE; WHAT COUNTY _____

ARE YOU CURRENTLY ON PAROLE/PROBATION? Y / N OFFICERS NAME _____

PSYCHOLOGICAL/SUBSTANCE ABUSE INFORMATION

THOUGHTS OF WANTING TO HARM SELF OR OTHERS _____ PROBLEMS WITH ANGER,
STRESS OR DEPRESSION _____

WHY DO YOU WISH TO ENTER OUR VETERAN TRANSITIONAL PROGRAM? WHAT TYPE OF ASSISTANCE DO YOU BELIEVE YOU NEED?

Current Living Situation:

Are you a person who lacks a fixed, regular, and adequate nighttime residence? This also includes persons whose primary nighttime residence is a supervised public or privately operated shelter designed to provide temporary living accommodations; an institution that provides a temporary residence for individuals intended to be institutionalized; or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. [42 U.S.C.]

Yes No Signature: _____ Date: _____

Homelessness Reoccurrences:

Dates:

- 1: _____
- 2: _____
- 3: _____

BY SIGNING THIS FORM I, _____, AGREE THAT ALL INFORMATION PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT A FULL FACE TO FACE INTERVIEW MAY BE REQUIRED PRIOR TO ADMISSION AND FURTHER UNDERSTAND THAT ANY FALSE OR MISLEADING STATEMENTS GIVEN BY ME MAY RESULT IN MY IMMEDIATE DISCHARGE FROM THE VETERANS PROGRAM AT SARATOGA RURAL PRESERVATION COMPANY, INC.

SIGN NAME

DATE

PRINT NAME

NAME OF REFERRING INDIVIDUAL AND TELEPHONE # (PLEASE PRINT)