**Veterans Rural Outreach Ky. Inc**

**Veterans Village Application**

Veterans Village was a vision of Veterans Rural Outreach that was built in 2018 with the help of Crossroads Missions and Awake Ministries. The village includes 6 fully furnished tiny homes and a 2,300 square foot community center. Residents have personalized care plans created to help each pursue their spiritual, physical health, mental health, and financial goals. The housing it temporary and the length of stay is determined by the needs of the resident and the VRO care plan team.

**Qualifying Criteria**

* Served in the United States Military
* Homeless

After we have reviewed your application, you will be asked to provide additional information and documentation such as:

* Valid government issued ID (Driver’s license, State ID, Passport, etc…)
* Valid Social Security Card or Birth Certificate
* Proof of Military Service & condition of separation/discharge- this can be any of the following forms:

-DD-214/ DD-215

-DD Form 256 (for some Reservists)

-NGB Form 22 (for Guardsmen)

* Documentation of homelessness:

-Certification letter(s) form an emergency shelter for the homeless.

-Certification letter(s) from a homeless service provider or outreach worker.

-Certification letter(s) from any other health or human service provider.

**Disqualifiers**

* If you knowingly provide false information during any part of the application process. Furthermore, if while in the program it has been discovered that false information was provided, you may be subject to immediate discharge.
* If you currently have housing.
* If you have ever bee convicted of a sex crime; or have ever been on a sex offender registry.

**Personal Information**

Legal Name

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current living situation (circle)-

Street Homeless Shelter Tent Temporary Housing Car Staying with friends or relatives

Other

Do you have a current physical address? Yes No

Do you have a mailing address? Yes No

Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred contact (circle)- Phone Email

Marital Status (circle)-

Single Married Separated Divorced Widowed

Do you have a hard copy of the following? (circle)

Driver’s License/State ID Social Security Card Birth Certificate Insurance Card

DD-214/DD-215 DD Form 256/NGB Form 22

Emergency Contact

First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Military Service Information**

Branch of Service\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade and Rank (at time of separation) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of service, from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Discharge status (circle)- Honorable, general under honorable, other than honorable, dishonorable

Describe your occupational specialty/career field \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Abuse/Addiction History**

Do you have a history of addiction or abuse (including alcohol, gambling, illegal substances, medications)

(circle one)- Yes No

Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever used Suboxone? Yes No

Do you smoke tobacco? Yes No

Do you drink alcohol? Yes No

Are you currently using a medication that is not prescribed to you? Yes No

Are you currently prescribed medications? Yes No

Please list any known medical conditions (including mental health)-

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Primary Care Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment History**

Are you currently employed? Yes No

**Criminal History**

Do you have any charges on your record? Yes No

Pending charges- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any upcoming court dates? Yes No

Do you have a parole or probation officer? Yes No

Have you ever been convicted as a sex offender? Yes No

**Additional Information**

Do you have a vehicle? Yes No

Do you have any pets? Yes No

Do you have a service animal? Yes No

**How long do you plan to reside at Veterans Village? What are some of your goals and what is your general plan to acquire long-term housing?**

The following paragraph is an authorization to release information for the purpose of verification.

By submitting this application, I, hereby authorize Veterans Rural Outreach KY, Inc. to release the above provided information to conduct an investigation in accordance with state and federal law. Furthermore, I hereby authorize all pertinent offices, organizations, etc., to release information to Veterans Rural Outreach KY, Inc. for verification purposes.

Your eligibility for services is subject to the final determination of Veterans Rural Outreach KY, Inc. board and staff. Further information and verification may be needed for acceptance into the program.

I have read, understand, and have provided all accurate information to the best of my abilities:

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_