Emergency Housing Admission Referral

Please forward this referral along with DD214 or Statement of Military Service to:

Scott Sussman

Fax (908)604- 5847

Phone (908)647-0180 X4425

Program Name:

Program Address:

Veteran Name: _____ Date: _____

County Of Origin: _____ Hometown: _____

Phone: _____ Email: _____

D.O.B. _____ Age: _____ Gender: _____

Social Security #: _____ Race: _____

Insurance: _____

Income Sources and Amounts:

_____

_____

Any pending benefit application and date submitted (e.g., Service Connection, Social Security):

_____

_____

Additional benefit information: _____

_____

Financial obligations (child support, fines, etc. and amount owed): _____

Marital Status: _____ Military Branch Served: _____

Years of Service: _____ History of Combat: _____

Type of discharge: _____

Reason for leaving service: _____

Identifying Documents: ❑ DD-214/Statement of Service (required) ❑ Social Security Card
❑ Birth Certificate ❑ Award Letter ❑ Other:_____

Primary Language Spoken: _____

Valid Driver's License and/or CDL: ❑ Yes ❑ No Do you have a vehicle: ❑ Yes ❑ No

Psychiatric Status and History (most recent diagnosis):_____

_____

Current Mental Health Treatment Provider(s): _____

_____

History of suicide ideation/attempt (date and method; did it result in hospitalization) _____

_____

_____

Do you currently have the desire and/or means to harm yourself? _____

History of thoughts to harm others or history of assault or violence:_____

_____

Substance Use History (substances, route of use, date of last use): _____

_____

_____

_____

Triggers of substance use _____

Treatment History and date last attended treatment (detox/rehab/outpatient):_____

_____

_____

Medical Status and History (including adaptive devices):_____

_____

_____

Allergies:_____

Active Medications and Prescribing MD: _____

_____

History of Abuse/Trauma: _____

_____

Education

High school: _____ College: _____

Additional School/Trainings/Skills : _____

_____

Work History (last 2-3 jobs, dates of employment and type of work done): _____

_____

_____

_____

Work/Education goal: _____

Housing goal (Independent living, transitional residence): _____

Strengths/Assets: _____

Barriers to achieving goal(s): _____

What are your expectations from this program? _____

Legal History (dates outcomes/pending warrants):_____

_____

_____

History of arrest (including assault, domestic abuse, Megan's Law) _____

_____

Additional Comments: _____

_____

Emergency Contact: _____

Relationship: _____ Phone: _____

***Note: All fields are required. Falsifying information may disqualify you from eligibility of services.**

Form Completed by: _____ Date: _____

Agency/relationship of person completing this form: _____

Address: _____ Phone: _____

Email: _____ Fax: _____

Signature of person completing form _____

Signature of Veteran _____

Program Staff Use Only

Date Referral Received:_____

Date/Time of staff outreach to VA:_____

Date/Time of Scheduled Admission:_____

Staff:_____