



## Building 9 for Veterans

### Admissions Checklist and Instructions

A completed Admissions Packet is required for screening and acceptance to Building 9 for Veterans (B9Vets). The willful withholding or the intentional falsification of information during the application and/or admissions process will render the applicant disqualified from program admission. Please compile the following documents for submission.

- Initial Intake Assessment (*attached*)**  
*To be completed by the applicant with assistance from referral source\*. Page 6 to be completed and signed by referral source.*
  
- Admission Criteria for B9Vets**  
*To be read and signed by applicant.*
  
- Request For Conviction/Criminal History Record and Consumer Reports**  
*To be completed and signed by applicant.*
  
- Proof of Honorable or General (under honorable conditions) Discharge**  
*DD214 or VA Statement of Service*
  
- Verification of income (*if applicable*)**  
*Applicants who receive income from work, benefits, or any other source must provide verification of income (ex. Award letter from VA, DSHS, Social Security; Proof of retirement income (DoD)).*

\* “Referral source” is the social worker, case manager, provider, or professional, NOT the applicant/veteran.

## Initial Intake/ Needs Assessment

Referring Agency: _____	Date Submitted to B9Vets: _____
Address: _____	
_____	

### Client Information

First Name, M.I.: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Last Name: _____	Age: _____
Address: _____	Date of Birth: _____
_____	Country of Birth: _____
Phone Number: (____) _____	Immigrant: <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security #: _____ - _____ - _____	If Yes, arrival year in US: _____

### Emergency Contact Information

Name: _____	Relation: _____
Address: _____	Phone: _____
_____	

### Military History

Enlistment Date: _____	Era: _____
Discharge Date: _____	Combat Experience: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Honorable or General (Under Honorable Conditions) Discharge	Explain: _____
<input type="checkbox"/> Other Discharge: _____	Branch: _____

### Current Health Concerns (check all that apply)

<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Depression	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Mental Disability	<input type="checkbox"/> PTSD	<input type="checkbox"/> Heart Condition
<input type="checkbox"/> Alcohol Addiction	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Cancer
<input type="checkbox"/> Drug Addiction	<input type="checkbox"/> Fear	<input type="checkbox"/> Other _____
<input type="checkbox"/> Suicidal Thoughts	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Other _____
<input type="checkbox"/> Homicidal Thoughts	<input type="checkbox"/> Hallucinations	

List Health History or Current Health Concerns:


Does the veteran require special meals?  Diabetic  Vegetarian  Vegan  Other \_\_\_\_\_

List any special dietary concerns: (e.g. low sodium/cholesterol, soft foods, allergies, lactose intolerant, religious mandate)

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## Housing History

**Duration of current episode of homelessness**

(# of days/months/years): \_\_\_\_\_

**# of Previous episodes of homelessness:**

\_\_\_\_\_

**Last Shelter Name:** \_\_\_\_\_

**City, State:** \_\_\_\_\_

**Approximate total length of homelessness in lifetime:**

\_\_\_\_\_

### Reasons for Homelessness *(check all that apply)*

- |   |  |   |                                      |
|---|--|---|--------------------------------------|
| <input type="checkbox"/> Health Issues        | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Sexual Abuse   | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Mental Health Issues | <input type="checkbox"/> Mental Abuse      | <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Drugs                | <input type="checkbox"/> Alcohol           | <input type="checkbox"/> Other _____    | <input type="checkbox"/> Other _____ |

**List Housing History** (ex. eviction history, unpaid rent, broken leases, back rent owed):


### Legal & Criminal History *(To be completed by client)*

**List Current Legal Issues:**


**List Criminal History:**


### Education

**Last Grade Completed in US:** \_\_\_\_\_ **Last Grade Completed in Foreign Country:** \_\_\_\_\_

**Schooling Completed**

- |  |  |
|--|--|
| <input type="checkbox"/> No High School Diploma                      | <input type="checkbox"/> Associate Degree (2 years beyond H.S.)            |
| <input type="checkbox"/> US High School Diploma                      | <input type="checkbox"/> Bachelor Degree (4 years beyond H.S.)             |
| <input type="checkbox"/> GED   | <input type="checkbox"/> Masters Degree (1 or more years beyond Bachelors) |
| <input type="checkbox"/> Equivalent of HS Diploma in Another Country | <input type="checkbox"/> Doctorate Degree                                  |

Name of country \_\_\_\_\_

**Does the veteran wish to pursue any additional education or training?**     Yes     No

**If yes, please explain:** \_\_\_\_\_  
 \_\_\_\_\_

## Employment History

**Employment Status:**

- Employed
- Unemployed and Looking for Work (*see below*)
- Unemployed and Not Looking for Work (*see below*)
- Retired or Otherwise Not Looking for Work

**Seeking Employment:**  Yes  No

**Recently Laid off or Fired:**  Yes  No

*If unemployed, reasons for unemployment: (check all that apply)*

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Health Issues          | <input type="checkbox"/> Educational Barriers    | <input type="checkbox"/> Drugs       |
| <input type="checkbox"/> Mental Health Issues   | <input type="checkbox"/> No training             | <input type="checkbox"/> Alcohol     |
| <input type="checkbox"/> Lack of Transportation | <input type="checkbox"/> Insufficient job skills | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Discrimination         |  | <input type="checkbox"/> Other _____ |

### Income

**Personal Income:**    \_\_\_ \$0 - \$4,999        \_\_\_ \$5,000-\$9,999        \_\_\_ \$10,000-\$14,999        \_\_\_ \$15,000 - \$19,999  
                                  \_\_\_ \$20,000-\$29,999    \_\_\_ \$30,000-\$39,999        \_\_\_ Over \$40,000        \_\_\_ Refuses to answer

*Note the total monthly income and the source(s) of income below.*

Employment	\$ _____	VA Disability	\$ _____
Unemployment	\$ _____	VA Pension	\$ _____
GAU	\$ _____	VA Retirement	\$ _____
GAX	\$ _____	Other _____	\$ _____
Retirement	\$ _____	Other _____	\$ _____
Social Security	\$ _____	Other _____	\$ _____
<b>Total monthly income \$ _____</b>			

*List any monthly expenses or financial responsibilities. (Child support, legal expenses,, school loans, etc.)*

_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
<b>Monthly Total \$ _____</b>			

## Employment History

<b>Current or Most Recent Employer:</b> _____ City, State: _____	<b>Occupation/Job title:</b> _____
<b>Job Type:</b> <input type="checkbox"/> Full Time (30 or more hrs/wk) <input type="checkbox"/> Multiple Jobs <input type="checkbox"/> Part Time ( less than 30 hrs/wk)	<b>Start Date:</b> (mo/yr) _____
<b>Job Duties:</b> _____ _____	<b>End Date</b> (if applicable): _____
	<b># Hours Per Week</b> _____
	<b>Salary:</b> \$ _____

<b>Previous Employer:</b> _____ City, State: _____	<b>Occupation/Job title:</b> _____
<b>Job Type:</b> <input type="checkbox"/> Full Time (30 or more hrs/wk) <input type="checkbox"/> Multiple Jobs <input type="checkbox"/> Part Time ( less than 30 hrs/wk)	<b>Start Date:</b> (mo/yr) _____
<b>Job Duties:</b> _____ _____	<b>End Date:</b> (mo/yr) _____
	<b># Hours Per Week</b> _____
	<b>Salary:</b> \$ _____

<b>Previous Employer:</b> _____ City, State: _____	<b>Occupation/Job title:</b> _____
<b>Job Type:</b> <input type="checkbox"/> Full Time (30 or more hrs/wk) <input type="checkbox"/> Multiple Jobs <input type="checkbox"/> Part Time ( less than 30 hrs/wk)	<b>Start Date:</b> (mo/yr) _____
<b>Job Duties:</b> _____ _____	<b>End Date:</b> (mo/yr) _____
	<b># Hours Per Week</b> _____
	<b>Salary:</b> \$ _____

<b>Previous Employer:</b> _____ City, State: _____	<b>Occupation/Job title:</b> _____
<b>Job Type:</b> <input type="checkbox"/> Full Time (30 or more hrs/wk) <input type="checkbox"/> Multiple Jobs <input type="checkbox"/> Part Time ( less than 30 hrs/wk)	<b>Start Date:</b> (mo/yr) _____
<b>Job Duties:</b> _____ _____	<b>End Date:</b> (mo/yr) _____
	<b># Hours Per Week</b> _____
	<b>Salary:</b> \$ _____

<b>Previous Employer:</b> _____ City, State: _____	<b>Occupation/Job title:</b> _____
<b>Job Type:</b> <input type="checkbox"/> Full Time (30 or more hrs/wk) <input type="checkbox"/> Multiple Jobs <input type="checkbox"/> Part Time ( less than 30 hrs/wk)	<b>Start Date:</b> (mo/yr) _____
<b>Job Duties:</b> _____ _____	<b>End Date:</b> (mo/yr) _____
	<b># Hours Per Week</b> _____
	<b>Salary:</b> \$ _____

# TO BE COMPLETED BY REFERRAL SOURCE

Client Name: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Referral Agency: \_\_\_\_\_

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

## Homeless verification

*Please verify that the veteran is currently homeless and briefly note factors contributing to homelessness.*


## Needs Assessment

*Please briefly explain any needs the veteran may have in the following areas.*

<b>Housing:</b>
<b>Employment:</b>
<b>Mental Health:</b>
<b>Addictions Treatment:</b>
<b>Other:</b>

Is the veteran ready and willing to participate in B9Vets?  Yes  No

## Barriers to housing stability

*Please detail any barriers to housing stability.*


## Barriers to employment stability

*Please detail any barriers to employment stability.*


Signature: \_\_\_\_\_

Date: \_\_\_\_\_