



Montachusett Veterans Outreach Center, Inc.
268 Central Street
Gardner, Massachusetts 01440
Phone (978)632-9601 Fax (978)632-9476
www.veterans-outreach.org

MVOC INTAKE PACKET

The following documents are required by MVOC for program intake. Applicants **will not** be reviewed until all listed documents are received.

Referral Source Name: _____

Referral Source Phone: _____

Referral Source Email: _____

- MVOC Demographics Form
- Completed MVOC Housing Pre-Application
- MVOC Authorization for Release of Information
- DD Form 214
- CORI/SORI Request Form
- Psych-Social evaluation from mental health provider or VA program (REACH, Domiciliary, etc.)
- List of current medications
- Current Mental Health Diagnosis
- Picture ID
- VA Form 1010-EZ (for GPD applicants only)

**MONTACHUSETT VETERANS OUTREACH CENTER
HOUSING PRE-APPLICATION FORM**

Name: _____

Current Treatment Program Info (you may skip this section if you are not in a treatment program)

Date of admission to program:
Projected discharge date:
Course of Treatment:
How long have you been drug and alcohol free:
Have you received medical assisted treatment (yes/no):
Aftercare Plan:
Post Treatment Providers: <input type="checkbox"/> Detoxes <input type="checkbox"/> VA facilities <input type="checkbox"/> Outpatient <input type="checkbox"/> Psychiatric

Housing Info

How long have you been homeless:
By what date do you need housing approved by MVOC:
Which housing program are you interested in: <input type="checkbox"/> Unity House <input type="checkbox"/> Cathy's House <input type="checkbox"/> Central Street GPD SRO <input type="checkbox"/> Housing Retention <input type="checkbox"/> Independent Apartment (Central Street or Nichols Street)

Medical and Mental Health Info

List of Medical Diagnosis:
List of Mental Health Diagnosis:
List of Prescribed Medications:
List of Current Provider Name(s) and Phone: 1. 2. 3.

I understand the program requirements for the housing facility I have applied for and agree to abide by these requirements should I be accepted. I certify that all information submitted by me is true. I give consent to the MVOC to verify the information on this application and understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected.

Applicant Signature: _____

Date: _____



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AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, having the birthdate of _____, consent to release and receive communication between Montachusett Veterans Outreach Center, Inc. and

Name: _____

Address: _____

Phone: _____

Fax: _____

The following specific information:

- ANY/ALL
- Medical
- Psychiatric
- Mental Health Progress Notes
- Alcohol/Drug Treatment
- Military Treatment
- Telephone Communication

This release is valid one year from date of signing and can be withdrawn at any time by submitting a request in writing to the MVOC.

Signature: _____

Witness: _____

Date: _____



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services 200
 Arlington Street, Suite 2200, Chelsea, MA 02150
 TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
 MASS.GOV/CJIS



This form is not to be faxed. Please return form to organization.

Criminal Offender Record Information (CORI)
Acknowledgement Form

To be used by organizations conducting CORI checks for housing purposes.

_____ Montachusett Veterans Outreach Center, Inc. _____ is registered under the
 (Organization)

provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening applicants for the rental or lease of housing. As an applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to

 Montachusett Veterans Outreach Center, Inc.

(Organization)

to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing _____
 Montachusett Veterans Outreach Center, Inc.

(Organization)

with written notice of my intent to withdraw consent to a CORI check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date



**THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services**
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-860-4640 | TTY: 617-860-4606 | FAX: 617-860-5973
MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last **SIX** digits of Social Security Number: ____ -- ____ No Social Security Number

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date

