

## MONTACHUSETT VETERANS OUTREACH CENTER HOUSING INTAKE APPLICATION AND INSTRUCTIONS



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

<i>Client Name:</i>			
<i>Client Phone:</i>		<i>Email:</i>	
<i>Referral Name:</i>			
<i>Referral Phone:</i>		<i>Email:</i>	

**Materials in this application packet:**

- MVOC Demographics Form
- MVOC Housing and Health Survey
- MVOC Authorization for Release of Information
- CORI/SORI request form

**Additional documents to be submitted by all applicants:**

- VA 101-EZ (for veterans without VA healthcare) or VA 101EZR (for veterans with VA healthcare)
- VA Request for and Authorization to release health information
- DD214
- Picture ID
- Psych/Social evaluation from mental health provider or VA (as possible)

**Additional documents to be submitted by applicants to Unity House and Cathy's House:**

- Social Security Card
- Birth Certificate
- Proof of Income (to include bank statements & pay stubs)

*If you do not have a listed document (ie, picture id or birth certificate), please let MVOC's Outreach team know and they will assist you.*

**MONTACHUSETT VETERANS OUTREACH CENTER: DEMOGRAPHICS FORM**

<b>Name</b>	
<b>Address</b>	
<b>Address Type</b>	<input type="checkbox"/> rent <input type="checkbox"/> own <input type="checkbox"/> live with family <input type="checkbox"/> unhoused <input type="checkbox"/> other
<b>Phone</b>	
<b>Email</b>	

<b>Birthdate</b>		<b>Birth Location</b>	
<b>Social Security #</b>			
<b>Gender</b>		<b>Ethnicity</b>	

<b>Employment status</b>	<input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> unemployed <input type="checkbox"/> retired <input type="checkbox"/> other
<b>Education level</b>	

<b>Branch of Service</b>		<b>Service Number</b>	
<b>Date of Entry</b>		<b>Date of Discharge</b>	<input type="checkbox"/>
<b>Place of Entry</b>		<b>Combat Veteran</b>	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>If service connected, at what percentage</b>			

<b>Did you serve in the Reserves</b>	<input type="checkbox"/> yes <input type="checkbox"/> no	<b>If so, were you nationally activated</b>	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>Did you serve in the Guard</b>	<input type="checkbox"/> yes <input type="checkbox"/> no	<b>Were you nationally activated</b>	<input type="checkbox"/> yes <input type="checkbox"/> no

<b>Income Sources (check all that apply)</b>		
<input type="checkbox"/> Chapter 115 <input type="checkbox"/> Child Support <input type="checkbox"/> Employment <input type="checkbox"/> Employment Pension <input type="checkbox"/> Military Retired Pay	<input type="checkbox"/> Other <input type="checkbox"/> SNAP/DTA <input type="checkbox"/> Social Security Disability <input type="checkbox"/> Social Security Retirement <input type="checkbox"/> SSI	<input type="checkbox"/> Unemployment <input type="checkbox"/> VA Disability <input type="checkbox"/> VA Non-Service Connection
<b>Monthly Household Income Total</b>		

<b>Marital Status</b>	
<b>Name of Spouse</b>	

<b>Emergency Contact Name</b>	
<b>Emergency Contact Address</b>	
<b>Emergency Contact Phone</b>	

**MONTACHUSETT VETERANS OUTREACH CENTER: HOUSING & HEALTH SURVEY**

<b>Name</b>	
-------------	--

**Housing Survey**

<b>If unhoused, for how long</b>	
<b>If unhoused, by what date do you need housing</b>	
<b>Which program(s) do you want to be considered for (check all that apply)</b>	<input type="checkbox"/> GPD <span style="margin-left: 200px;"><input type="checkbox"/> SSG Program</span>
	<input type="checkbox"/> Unity House
	<input type="checkbox"/> Cathy's House
	<input type="checkbox"/> Housing Retention

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

<b>Date of Program Admission</b>		<b>Projected discharge date</b>	
<b>Name/Location of program</b>			
<b>Length of sobriety</b>			
<b>Aftercare Plan</b>			

**Health Survey**

<b>List of Physical Medical Diagnosis:</b>	<b>List of Mental Health Diagnosis:</b>
<b>List of Prescribed Medications:</b>	<b>List of Current Providers (and phone numbers)</b>

*I understand that all MVOC programs require me to be able to independently manage my self care, to include meal preparation and personal hygiene care. I further certify that all information submitted by me is true. I give consent to the MVOC to verify the information provided and understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected.*

<b>Signature</b>	
<b>Date</b>	



## MONTACHUSETT VETERANS OUTREACH CENTER AUTHORIZATION FOR RELEASE OF INFORMATION

**OPTION 1:** I, \_\_\_\_\_, having the birthdate of \_\_\_\_\_, consent to release and receive communication between Montachusett's Veteran's Outreach Center, Inc. and the following:

Agency Name	
Agency Address	
Agency Phone	
Agency Fax	

The following specific information may be shared:

- Any/all
- Physical Medical:  hospitalization  medication list  medical history
- Mental Health:  psychiatric  mental health progress notes
- Alcohol/Drug treatment
- Military Treatment

Individual(s) Name(s)		
Address(es)		
Phone Number(s)		

The following specific information may be shared:

- Any/all
- Physical Medical:  hospitalization  medication list  medical history
- Mental Health:  psychiatric  mental health progress notes
- Alcohol/Drug treatment
- Military Treatment

**OPTION 2:** Alternatively, I, \_\_\_\_\_, having the birthdate of \_\_\_\_\_, DO NOT consent to release and receive communication between Montachusett's Veteran's Outreach Center, Inc. and any agency or person.

This document is valid unless revoked, done by submitting a request in writing to Montachusett Veterans Outreach Center, Inc. This consent does not allow release of my information to any unlisted parties.

Signature	
Date	
Witness	



**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*