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.

Client Name:			
Client Phone:		*Email:*	
Referral Name:			
Referral Phone:		*Email:*	

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

Name	
Address	
Address Type	☐ rent ☐ own ☐ live with family ☐ unhoused ☐ other
Phone	
Email	

Birthdate		**Birth Location**	
Social Security #			
Gender		**Ethnicity**	

Employment status	☐ full time ☐ part time ☐ unemployed ☐ retired ☐ other
Education level	

Branch of Service		**Service Number**	
Date of Entry		**Date of Discharge**	☐
Place of Entry		**Combat Veteran**	☐ yes ☐ no
If service connected, at what percentage			

Did you serve in the Reserves	☐ yes ☐ no	**If so, were you nationally activated**	☐ yes ☐ no
Did you serve in the Guard	☐ yes ☐ no	**Were you nationally activated**	☐ yes ☐ no

Income Sources (check all that apply)		
☐ Chapter 115	☐ Other	☐ Unemployment
☐ Child Support	☐ SNAP/DTA	☐ VA Disability
☐ Employment	☐ Social Security Disability	☐ VA Non-Service
☐ Employment Pension	☐ Social Security Retirement	Connection
☐ Military Retired Pay	☐ SSI	
Monthly Household Income Total		

Marital Status	
Name of Spouse	

Emergency Contact Name	
Emergency Contact Address	
Emergency Contact Phone	

MONTACHUSETT VETERANS OUTREACH CENTER: HOUSING & HEALTH SURVEY

Name

If unhoused, for how long				
If unhoused, by what date do you need housing				
Which program(s) do you want to be considered for (check all that apply)	☐	GPD	☐	SSG Program
	☐	Unity or Cathy's House	☐	Housing Support

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

Date of Program Admission:	Discharge Date:
Name/Location of program	
Length of sobriety	
Aftercare Plan	

In the past 30 days have you experienced any the following?					
Mental Heath Challenges	☐ Yes ☐ No		Substance Abuse Challenges	☐ Yes ☐ No	
Serious Chronic Health	☐ Yes ☐ No		Chronic Pain	☐ Yes ☐ No	
Tramatic Brain Injury (TBI)	☐ Yes ☐ No		Prolonged Stress	☐ Yes ☐ No	
Stressful life event	☐ Yes ☐ No		Unemployment	☐ Yes ☐ No	
Homelessness	☐ Yes ☐ No		Recent loss	☐ Yes ☐ No	
Legal	☐ Yes ☐ No		Financial	☐ Yes ☐ No	
Previouse Suicide Attempt	☐ Yes ☐ No		Family history of suicide	☐ Yes ☐ No	
History of Abuse/Trauma	☐ Yes ☐ No				

List of Physical Medical & Mental Healths Diagnosis:

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.

Signature
Date

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: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
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*