

**VETS FOR VETS  
32 FOURTH STREET  
PENNSBURG, PA 18073**

**APPLICATION FOR ADMISSION**

NOTICE: The information on this form is necessary to evaluate the applicant's request for admission into our facility. The acceptance of this form does not bind either party to a right of occupancy. Failure to complete the application in its entirety will result in denial of consideration for admission.

**1. NAME:** \_\_\_\_\_  
                                    First                                    Middle                                    Last

**2. PRESENT ADDRESS:** \_\_\_\_\_

**3. PHONE NUMBER:** \_\_\_\_\_

**4. SOCIAL SECURITY NO.:** \_\_\_\_\_

**5. Gender:** \_\_\_\_\_ Male \_\_\_\_\_ Female

**6. DATE OF BIRTH:** \_\_\_\_\_  
  Month/Day/Year

**7. PLACE OF BIRTH:** \_\_\_\_\_  
  City  State

**8. BRANCH OF MILITARY SERVICE:** \_\_\_\_\_

**9. YEARS OF SERVICE:** \_\_\_\_\_

**10. MANNER OF DISCHARGE:** \_\_\_\_\_

**11. MARITAL STATUS:** \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced

**12. PLEASE LIST EMERGENCY CONTACT PERSONS:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

**13. Do you have any disabilities or special needs that you require accommodations for?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

**-If yes, please explain:**

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**14. Have you ever been diagnosed with or treated for a mental illness?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

**-If yes, please explain:**

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**15. Are you currently or have you ever been treated for alcohol or drug abuse?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

**-If yes, please explain:**

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**16. Do you receive any Veterans Administration Benefits:** \_\_\_\_\_ Yes \_\_\_\_\_ No

**17. Do you currently have monthly income:** \_\_\_\_\_ Yes \_\_\_\_\_ No

**- If yes, please specify the source and total amounts:**

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**18. Why are you seeking admission to the Vets for Vets facility?**

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**19. What are your goals if admitted into the Vets for Vets facility?**

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**20. Have you ever been charged with a crime? If so, please specify what crimes you were charged with and the result of the criminal proceedings.**

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**21. Do you understand that admission into the Vets for Vets facility is discretionary and will be determined solely by personnel of the Vets for Vets organization?**

\_\_\_\_\_ Yes                  No \_\_\_\_\_

I, \_\_\_\_\_, hereby affirm that I have answered this Application for Admission truthfully and accurately and that any misrepresentations may result in denial of my Application for Admission to the Vets for Vets facility.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature