

12. Name and age of spouse (if applicable):

13. Please list name(s) and age(s) (juvenile or adult) of children:

14. PLEASE LIST EMERGENCY CONTACT PERSONS:

Name: _____ Relationship: _____

Address: _____

Phone number: _____

Name: _____ Relationship: _____

Address: _____

Phone number: _____

15. Do you have any disabilities or special needs that you require accommodations for? _____ Yes _____ No

If yes, please explain:

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

_____ Yes _____ No

If yes, please explain:

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

_____ Yes _____ No

If yes, please explain:

18. Do you receive any Veterans Administration Benefits: _____ Yes _____ No

19. Do you currently have monthly income: _____ Yes _____ No

If yes, please specify the source and total amounts:

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

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

22. 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.

23. 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