



## CVAP (Casa Veterans Assistance Program) GPD Veterans Resident Application (10/09)

You are required to write a brief bio letter at the end of this application. We want to know who you are, where you came from, and where you want to go in life. This section is required to process application. If you have trouble writing, get help, or let us know.

APPLICANT INFORMATION (Please Print)	
Name: _____ Case/DOC#: _____ Today's Date: _____	
Current Address: _____ Phone: _____ Cell#: _____	
Date of Birth: _____ Age: _____ SS#: _____ <b>Circle One:</b> Single Married Divorced Separated Widowed	
Identification: ( <b>Circle</b> ) Driver's License AZ ID Card DD-214 SS Card Birth Certificate Tribal Other: _____	
Discharge Date from Military? _____ Type of Discharge: _____	
Explain Circumstances of Discharge: _____	
Have you ever been in the GPD Program: <b>YES NO</b> When? _____ How long? _____	
Gender: ( <b>Circle</b> ) <b>Male Female</b> Are you pregnant? <b>YES NO</b> Are you currently receiving VA Services? <b>YES NO</b>	
Explain: _____	
If pregnant, how long? _____ Current Contact Phone (____) _____	
How did you hear about our program? _____	
Where did you grow up? _____ Ethnicity: _____ Hispanic: Y N	
<b>In case of emergency notify:</b> Name _____ Relationship _____	
Phone (____) _____ Address _____ City _____ State _____	
When I leave the program forward my mail to: _____	

ALCOHOL AND DRUG USE (if any)					
Substance	Frequency of Use	Age First Used	Date Last Used	Route (oral, smoke, inhaled, injected, other)	Comments:
Alcohol					
Marijuana					
Methamphetamine					
Heroin					
Cocaine					
Designer Drugs					
Pain Medication					
Other					
Other					

Drug of Choice: \_\_\_\_\_ List names and dates of all treatment programs, outpatient programs, shelters, domestic violence shelters, and halfway houses attended. (Be specific) \_\_\_\_\_

Are you willing to detox if needed? **YES NO** Have you ever attended addiction support groups? **YES NO** How long? \_\_\_\_\_

If mandated on your treatment plan, are you willing to attend 12 step or SMART Recovery meetings a week? **YES NO**

If attending a 12 Step or SMART Group, are you willing to work with a sponsor/mentor each week? **YES NO**

How many attempts have you made to get clean and sober in the past? \_\_\_\_\_ Most clean/sober time attained. \_\_\_\_\_

EMPLOYMENT HISTORY (List Most Recent Employer First)						
Employer Name	Phone	Date Started	Date Ended	Position	Supervisor Name	Hourly Pay Rate

Do you have any vocational training? (If yes please list) \_\_\_\_\_

Do you have any job prospects? **YES NO** What are they? \_\_\_\_\_

What are your job interests? \_\_\_\_\_ What is your occupation? \_\_\_\_\_

Are you able to work? **YES NO** What are your short term employment goals? \_\_\_\_\_

**EDUCATION HISTORY**

Highest Grade Completed \_\_\_\_\_ Education Completed (**Circle all that apply**) High School GED Vocational School Junior College  
 University Other: \_\_\_\_\_ Last year in school? \_\_\_\_\_

School or other formal training from age 14 (e.g. high school, technical school, apprenticeships, on-the-job training, computer, etc)

Name and Place	From (Year)	To (Year)	Certificates, Diplomas Obtained	Type or Main Subject

**BRIEF MEDICAL HISTORY**

Are you under physician's care? **YES NO** If yes, why? \_\_\_\_\_

\_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Agency: \_\_\_\_\_

List all past and current physical medical issues: \_\_\_\_\_

\_\_\_\_\_

List all past and current psychiatric encounters: \_\_\_\_\_

\_\_\_\_\_

Are you under the care of a behavior health facility? **YES NO** Agency Name \_\_\_\_\_ How long? \_\_\_\_\_

Caseworker/Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

List ALL Medications Prescribed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Will your doctor prepare a work release letter? **YES NO**

Have you ever attempted suicide? **YES NO** If yes, explain: Date: \_\_\_\_\_ Where: \_\_\_\_\_

Circumstances: \_\_\_\_\_

Are you a survivor of sexual assault, domestic violence, or stalking? **YES NO** Explain: \_\_\_\_\_

\_\_\_\_\_

**LEGAL HISTORY (if any)**

Do you have current charges? **YES NO** If yes, what? \_\_\_\_\_ If yes, next court date: \_\_\_\_\_

Explain: \_\_\_\_\_

Are you on supervision? (Circle One) **IPS Direct Regular Parole Fed Probation Pre-Trial CPS Other Drug Court No Supervision**

Supervision Agency: \_\_\_\_\_

PO Name \_\_\_\_\_ Phone: \_\_\_\_\_ Office Location \_\_\_\_\_

Do you have court fines? **YES NO** How much? \_\_\_\_\_ Do you have community service? **YES NO** How Many Hours? \_\_\_\_\_

If court fines, explain: \_\_\_\_\_

Do you have restitution fines? **YES NO** How much? \_\_\_\_\_ Monthly Payments? \_\_\_\_\_

Do you have child support payments? **YES NO** How much? \_\_\_\_\_ Monthly Payments? \_\_\_\_\_

If restitution, explain: \_\_\_\_\_

List all arrests, convictions, sentences, prior prison or jail commitments, and probation history. (list places and dates – use blank paper if needed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been arrested for any sex crimes? **YES NO** If yes, Explain: \_\_\_\_\_

Have you ever been arrested for arson? **YES NO** If yes, Explain: \_\_\_\_\_

Have you been to prison? \_\_\_\_\_ How Many Times? \_\_\_\_\_ Released when? \_\_\_\_\_

Where? \_\_\_\_\_ Dates Incarcerated: \_\_\_\_\_

Have you been to county jail? \_\_\_\_\_ How many times? \_\_\_\_\_ Released when? \_\_\_\_\_

Where? \_\_\_\_\_ Dates Incarcerated: \_\_\_\_\_

Arrest Warrants: **YES NO** Where: \_\_\_\_\_ What For: \_\_\_\_\_

Explain: \_\_\_\_\_

**ETHNICITY (Circle One)**

Hispanic or Latino Non-Hispanic or Non-Latino

**RACE (Circle One)**

American Indian or Alaskan Native	Asian	Black or African American
Hispanic or Latino	Native Hawaiian or Other Pacific Islander	White or Caucasian
American/Alaskan Native & White	Asian & White	Black African American & White
American/Alaskan Native & Black	Other Multi-Racial	

**CURRENT MONTHLY BENEFITS RECEIVED: (Circle all that apply)**

Type	Amount	Type	Amount
Employment Income		DES Food Stamp	
Unemployment Income		SSI	
VA Pension		TANF	
General Assistance		SSD	
VA Assistance		Bus Pass	
Other		<b>Total</b>	
<b>Total</b>		<b>Total Value of Services Received:</b>	

Other Benefits explained: \_\_\_\_\_

**WHY ARE YOU HOMELESS? (Circle all that apply)**

Choose Not To Work	Loss of Employment	Poor Health
Emotional Problems	Lost Marriage/Divorce	Substance Abuse
Eviction	Mentally Ill	Transient Life
Incarceration	Minimal Skills	Lack of Affordable Housing
Lack of Clothes/Boots	No Work Skills	Personal Crisis
Loss of Benefits	<b>Not Homeless</b>	

Explain: \_\_\_\_\_

**REASONS FOR LEAVING PRIOR HOUSING (Circle all that apply)**

Substance Abuse	Discharged	Parole/Probation Violation
Marital Separation	Non-payment of rent/occupancy charge	Destruction of property
Loss of Employment	Non-compliance with housing authority	Arrested
Completed Program	Criminal activity/ violence	Other: _____

Explain: \_\_\_\_\_

**EMPLOYMENT BARRIERS** (Circle all that apply. If disabled disregard)

Choose Not To Work	Lack of Identification	No Tools
Need Detoxification	Loss of Benefits	No Transportation
Dependent Children	Psychiatric Diagnosis	No Work Skills
Emotional Problems	Minimal Skills	Personal Crisis
Felony Conviction	No Clothes	Poor Health
Incarceration	No Day care	Poor Work History
Lack Clothes	No Skills	Pregnant
Transient Life	Substance Abuse	<b>No Barriers</b>

Explain: \_\_\_\_\_  
\_\_\_\_\_

**VERIFICATION**

***Application forms require this information to process.*** Who can we call to verify this application? (Circle All) Parole/Probation Public Defender Attorney Case Manager COIII Pretrial Vet Rep Other \_\_\_\_\_

Contact #1 \_\_\_\_\_ Agency \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Contact #2 \_\_\_\_\_ Agency \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Contact #3 \_\_\_\_\_ Agency \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Did you read and understand the program lodging agreement? **YES NO** Are you clear on what is expected of you? **YES NO**

All information on this application is true to the best of my ability:

Client Name (Print) \_\_\_\_\_ Client Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

**SPECIAL NEEDS (To be filled out by Case Manager)**

HIV/AIDS \_\_\_\_\_

Psychiatric Diagnosis \_\_\_\_\_

Alcohol Abuse \_\_\_\_\_

Drug Abuse \_\_\_\_\_

Physical Disability \_\_\_\_\_

Developmental Disability \_\_\_\_\_

Domestic Violence \_\_\_\_\_

Other: \_\_\_\_\_

**APPLICATION DISPOSITION**

Pre-Screen/Intake Specialist: \_\_\_\_\_ **APPROVED YES NO**

If denied, why? \_\_\_\_\_

\_\_\_\_\_

Denied By: \_\_\_\_\_ Date: \_\_\_\_\_

Intake Notes: \_\_\_\_\_

\_\_\_\_\_

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**Please tell us why you desire to enter the CVAP Veterans Program:**

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**What abilities do you think you possess that will help you be successful in our program?**

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**What are your reasons for applying to the Veterans Program?**

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**What actions do you think you will need to take in order to accomplish the goal of independent living?**

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**What are your other options if housing is denied?**

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