

Important Information :

Read Carefully,

Before You Continue Filling Out These Forms:

This is not a Nursing Home for the Physically Disabled, Flop House or a Day Care Center in which the Clients need to be Watched, Guided, and Supervised 24 hours a day - 7 Days a Week.

We are not here to baby-sit YOU!

If YOU CANNOT follow Instructions and Conform to a Non-Supervised Environment, this is NOT the PLACE for YOU

DO YOURSELF A FAVOR AND STOP RIGHT HERE

We will not tolerate any violations or behavior that will disrupt this Program

When the Center is Closed,

House Manager / Counselor and Staff Members

are **NOT ON DUTY** ,

YOU WILL CONTINUE TO FOLLOW THE RULES and CONDUCT YOURSELF IN AN APPROPRIATE MANNER

IF YOU DO NOT, YOUR STAY HERE WILL BE SHORT

Board Members of this Organization Can “Walk Through” Anytime Day or Night

Our job is to provide YOU with the Tools and Support to help YOU become a Self Sufficient Independent Living Individual.

“Your Job is to Help Yourself”

Clients Signature:

Date:

Veterans Haven's Supportive/Transitional House Rules

The Quickest way to be Terminated from this Program
“Is to Ignore and/or Not Follow the House Rules”

NO Alcohol or Drugs – On Premises – Or Usage!!

Our Policy is Zero Tolerance. Don't Say We Didn't Tell You!

NO Weapons – Guns, Knives, Bows, Bazookas, Grenade Launchers, etc.

NO Cell phones are allowed – We have a house phone for your use.

NO Smoking in House. Smoking is Allowed on the Front Porch or Outside.

NO Fighting or Arguing On Premises. Get Along. If You Have a Problem, Work it Out!

Visitors are allowed in Living Room or Dining Area Only. (Not in Bedrooms)

I will do my best to get along with the Others Living in this House.

I will keep Bedroom/Personal Space Clean At All Times.

I will do my part to help keep the Bathrooms and Other Areas of the House Clean.

I will do my part to help keep the Outside of the House looking Clean and Presentable.

I will do my part to maintain this property, Cut Grass, Trim Bushes, Shovel/Blow Snow, etc.

Help Us – Help You!”

Stefan “Vince” Berna
President

Date

Client

Veteran's Haven , Inc .

Supportive/Transitional Housing Program

4055 Fourth Street

Wayne , Mi. 48184

Phone 734-728-0527 / Fax 734-728-1278

You must submit a copy of DD214 or other Valid Proof that YOU are in fact an Honorably Discharged Veteran prior to being Accepted into this Program

1. _____ 2. _____
[Full] Name : Current Address
3. _____ 4. _____
City : State : Zip Code: Birth Date :
5. _____ 6. _____
Telephone Number : Social Security Number :
7. _____
Previous Address , St. & No: City : State : Zip:
8. Marital Status : [Circle One] Married : Single : Divorced : Separated :
9. Are You a " Veteran " Yes_____ No_____
10. What Branch of Service : _____
11. Dates of Active Duty : _____
12. _____ 13. _____ 14. _____
Rank At Time of Discharge : Type of Discharge : Unit Served With:
15. _____
Military MOS:
16. While in the service , were you stationed in a Combat Zone? :
Yes_____No_____
17. Were you directly involved in Combat situations? : Yes_____ No_____
- 18 . If the answer is Yes to number 17 , have you experienced any problems dealing with these circumstances , Depression , Rage , Anger , other Emotional Problems? :
Explain :
-

19. Are you now or have you ever been treated for any type of mental illness? :
Yes_____No_____If Yes , Explain :

20. Have you ever been treated at a Veterans Medical Center for any condition? :
Yes_____No_____If Yes , Explain :

21. Have you had a substance abuse problem , Drugs or Alcohol? : Yes_____No_____
If Yes , Explain :

22. If the answer to number 21 is Yes , what is your current status addressing this
problem? Have you been treated in any Recovery Programs? Explain :

23. Are you now or have you ever collected a pension from the United States
Government.
Yes_____No_____ , If Yes, Explain : _____

24. Have you ever collected Workmen's Compensation Disability?: Yes_____No_____
If Yes Explain :

25. Have you ever been convicted of a crime? : Yes _____ No _____ If Yes , Explain

26. Do you have a criminal record? : Yes _____ No _____ If Yes , Explain :

27. Have ever spent time in a Correctional Facility? : Yes _____ No _____ If Yes ,
Explain : _____

28. Are you working now? , Yes _____ No _____ If No , Why Not , Explain

29. Do you want to work? : Yes _____ No _____

If No , or Can't Explain : _____

30. Do you have a special Trade or Skills? : Yes _____ No _____ If Yes , Explain

31. Do you want to learn new a Trade or Skills? : Yes _____ No _____ If Yes ,
Explain _____

32. Highest year completed : 1 2 3 4 5 6 7 8 9 10 11 12 , College : 1 2 3 4

Trade or Vocational School : 1 2 3 4

Names of Schools , Addresses & Degrees Received :

33. Do you have any “ Special Interest or Hobbies? “ : Yes _____ No _____ If Yes,
Explain

34. Do you belong to any Veterans Organization at the present time? :

Yes _____ No _____

If Yes , which one : _____

35. **Personal References** : Relatives , Friends , etc. List Three :

Name:

Phone:

Relationship:

Street & No:

City :

Zip:

Name:

Phone :

Relationship:

Street & No:

City:

Zip:

Name:

Phone:

Relationship:

Street & No:

City:

Zip:

36. **Employment References** : List the last three Employers you have worked for , begin with most recent :

Name:

Phone:

Position :

Years:

37. Do you own any Stocks , Bonds , Properties , Etc. , Yes _____ No _____ If Yes , Explain:

38. Do you have any large sums of money deposited in a Bank , Savings & Loan or Credit Union , Yes _____ No _____ If Yes , Explain:

39. Why do you want to become a client at Veterans Haven ? _____

40. Do you understand that absolutely **NO DRUGS or ALCOHOL** are allowed at Veterans Haven . Yes_____No_____

41. Do you understand that you will be required to follow and obey the “ House Rules” at Veterans Haven . Yes_____No_____

42. Do you understand that if you can't live within a structured setting , get along with others and obey the rules and regulations , that you will be terminated from this Housing Project . Yes_____No_____

43. Do you have the desire , ambition and drive to want to change your life and better yourself . Yes_____No_____

44. Do you suffer from any Life Threatening conditions we should know about . Yes____No____If Yes , Explain :

Special Note:

All the information you have supplied in this application is kept completely confidential. We understand the sensitive nature of this data, but there is a specific reason why we have asked these questions. For the most part, it is for your benefit. This information allows us to better evaluate you as an individual, address your specific needs and find out what your goals are.

By signing below I, _____agree to obey the rules and regulations set forth by Veteran's Haven, Inc. , that all of the information I have supplied in this application is truthful and I further understand that I am responsible for my own behavior / actions . Any violations of said rules, I do understand I may be immediately terminated from this project.

***Stefan V. Berna ,
President***

Client :

Date :

Drivers License No:

Medical History:

Client's Name

Do You Have Any Physical or Mental Conditions? Explain: _____

Are You Currently Being Treated For This/These Conditions? Yes _____ No _____

If Yes, Where and Doctor's Names : _____

If No, Why Not? _____

Are You On Any Medications For This/These Conditions? If Yes, List All Medications and Why They Are Prescribed:

Do You Have Any Contagious Diseases? If Yes, What? (Examples:AIDS, Hepatitis)

Are You Disabled? If Yes, What Are Your Disabilities and Physical/Mental Limitations?

Do You Feel Your Disability/s Are Preventing You From Working? Yes _____ No _____

Have You Applied for Social Security Disability or VA Disability Compensation Benefits (Service Connected or Non-Service Connected) If Yes, Which One? _____

What Is The Current Status of Your Claim? (Example: Recently Applied, Still Waiting, Decisions Being Appealed) _____
