



# ALLEGHENY VALLEY VETERANS CENTER

Supportive Housing for Homeless Veterans

## PROOF OF VETERAN'S IDENTITY AND OF INCOME

- Proof of Income
- VA ID
- DD214
- State ID/Driver's License
- Social Security
- Insurance Card
- Access Card
- Birth Certificates



# ALLEGHENY VALLEY VETERANS CENTER

Supportive Housing for Homeless Veterans

## IN-PROCESSING DOCUMENTATION

- AVVC Admission Cover Sheet
- GPD Assessment Intake Paperwork and Medication
- Release of Information/AVVC Confidentiality Agreement
- Guest Contract
- Service Dog Contract/Paperwork Agreement
- Individual Service/Repair Plan
- Legal/Drug Test Results

# Allegheny Valley Veterans Center (AVVC) Admission Cover Sheet

**Name:** \_\_\_\_\_

**S.S.#:** \_\_\_\_\_

AVVC Admission Date: \_\_\_\_\_

Program Fee: \_\_\_\_\_

Room Assignment: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Program Address:

Allegheny Valley Veterans Center  
100 North Main Street  
Clarendon, PA 16313

Address for correspondence to staff members:

Director  
100 North Main Street  
Clarendon, PA 16313

Your Temporary Address:

Allegheny Valley Veterans Center  
ATTN: (Your Name) (Room Number)  
100 North Main Street  
Clarendon, PA 16313

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Veteran's Signature:

**GPD ASSESSMENT**

Veterans Name: \_\_\_\_\_

Admission Date: \_\_\_\_\_

**VETERAN DEMOGRAPHICS:**

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

AGE: \_\_\_\_\_

SEX: \_\_\_\_\_

SSN: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

What is the best way to contact you? \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_

VETERAN ONLY HOUSEHOLD? \_\_\_\_\_

RELIGIOUS PREFERENCE: \_\_\_\_\_

**MILITARY SERVICE:**

Date Entered: \_\_\_\_\_

Date Separated: \_\_\_\_\_

Military Branch: \_\_\_\_\_

Discharge Status: \_\_\_\_\_

Active Duty: \_\_\_\_\_

Active duty outside of training? \_\_\_\_\_

Did Veteran deploy to, or in support of, a combat zone OR receive hostile fire/imminent danger pay? \_\_\_\_\_

**IS VETERAN ENROLLED AND RECEIVING SERVICES?**

VA Medical (VAMC Station #): \_\_\_\_\_

ENROLLED IN ANOTHER VA? \_\_\_\_\_

VA ELIGIBLE? \_\_\_\_\_

WILLING TO ENROLL? \_\_\_\_\_

REASON FOR REFERRAL/PRESENTING ISSUES: \_\_\_\_\_

\_\_\_\_\_

HOUSINGPLAN: \_\_\_\_\_

\_\_\_\_\_

**LIVING SITUATION PRIOR TO ENTRY:**

Where did you reside last night? \_\_\_\_\_

Length of Stay: \_\_\_\_\_

Is Veteran entering from the streets, emergency shelter, or safe haven? \_\_\_\_\_

If homeless, approximate date started: \_\_\_\_\_

Regardless of where they stayed last night what is the number of times the client has been on the streets, in emergency shelter, or safe haven in the past three (3) years: \_\_\_\_\_

How many months have you been continually homeless? \_\_\_\_\_

How many months were you homeless during the past 3 years (36 months)? \_\_\_\_\_

Reason for homelessness/housing crisis: \_\_\_\_\_

**FINANCES:**

Total Monthly Household Income: \$ \_\_\_\_\_

Income Type: (Service Connection, SSDI, SSI Employment) \_\_\_\_\_

When does this Veteran receive their income? (First of the month, every two (2) weeks. etc.) \_\_\_\_\_

Non-Cash Benefit (Non-Cash benefit received in the last 30 days): \_\_\_\_\_

SNAP (Supplemental Nutrition Assistance Program): \_\_\_\_\_

Section 8 or Other Rental Assistance: \_\_\_\_\_

Have you received or have you been contacted about a HUDVASH voucher? \_\_\_\_\_

**EMPLOYMENT:**

Currently Employed? \_\_\_\_\_

Position/Title: \_\_\_\_\_

Pay Rate Per Hour: \_\_\_\_\_

Average Hours Worked Per Week: \_\_\_\_\_

Hours Worked Last Week: \_\_\_\_\_

Type of Employment: \_\_\_\_\_

Employment Tenure: \_\_\_\_\_

Longest Position Held: \_\_\_\_\_ Length Held: \_\_\_\_\_

Reason Unemployed: \_\_\_\_\_

Barriers to Employment: Disability? \_\_\_\_\_

Criminal Offense(s) Misdemeanor? Felony? Substance Abuse? \_\_\_\_\_ (current): \_\_\_\_\_

Transportation: \_\_\_\_\_

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

**ADULT EDUCATION:**

High School/GED graduate? \_\_\_\_\_

Currently in school or working on any degree or certificate? \_\_\_\_\_

Received vocational training or apprenticeship certifications? \_\_\_\_\_

Highest level of school completed: \_\_\_\_\_

**MEDICAL:**

Is someone currently assisting you in day-to-day tasks such as scheduling appointments, taking medications etc.? \_\_\_\_\_

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

Condition is expected to be long/indefinite duration -AND- substantially impairs ability to live independently -AND- could be improved by suitable housing? \_\_\_\_\_

Currently receiving treatment/services for this condition? (Please explain): \_\_\_\_\_

Developmental Disability? (Condition? Currently Receiving Treatment?) \_\_\_\_\_

Chronic Health Condition? \_\_\_\_\_

General Health? \_\_\_\_\_

Pregnancy? \_\_\_\_\_

Are you now utilizing, or have you been served by, the SSI/SSDI Outreach, Access, and Recovery program? Yes No

Have you been referred to the SSI/SSDI Outreach, Access, and Recovery program? Yes No

**BEHAVIORAL HEALTH:**

DO YOU HAVE A HISTORY OF HAVING A BEHAVIORAL HEALTH DIAGNOSIS?

a. Depression: \_\_\_\_\_

b. Anxiety: \_\_\_\_\_

c. Sleep Issues: \_\_\_\_\_

d. Mania: \_\_\_\_\_

e. OCD: \_\_\_\_\_

f. PTSD: \_\_\_\_\_

g. Psychotic Disorders: \_\_\_\_\_

Currently Receiving Treatment? \_\_\_\_\_

Diagnosed Condition? \_\_\_\_\_

Impairs ability to secure/maintain housing? \_\_\_\_\_

Prescribed medication for this concern? \_\_\_\_\_

**RISK ASSESSMENT (DANGER TO SELF AND OTHERS):**

(Veteran does not appear to be a danger to self or others currently.)

(Veteran denied suicidal thoughts, intentions, or plans.)

**SUBSTANCE USE:**

Currently Receiving Treatment? \_\_\_\_\_

Diagnosed Condition? \_\_\_\_\_

Impairs ability to secure/maintain housing? \_\_\_\_\_

Prescribed medication for this concern? \_\_\_\_\_

Frequency of Use? \_\_\_\_\_ Date of Last Use? \_\_\_\_\_

**PROGRAM POLICIES REVIEWED** (including, Guest Expectation\* safety, Rule Violations, etc.)

**PLAN:**

Veteran confirmed having Program Coordinator's contact information.

Veteran confirmed having crisis numbers including the Veterans Crisis Line.

**Next of Kin/Emergency Contact Information (Please Print):**

Person's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

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

\_\_\_\_\_  
Staff Signature

Date:

\_\_\_\_\_  
Veteran's Signature

Date:

Allegheny Valley Veterans Center  
Supportive Housing for Homeless Veterans  
100 North Main Street Clarendon, PA 16313  
Phone#: 814-313-6886

[info@avvc.us](mailto:info@avvc.us)

**AUTHORIZATION TO RELEASE/EXCHANGE CONFIDENTIAL INFORMATION**

This form cannot be used for the re-release of confidential information provided to Allegheny Valley Veterans Center by other individuals or agencies. Such requests should be referred to the original individual or agency.

I \_\_\_\_\_ authorize the Allegheny Valley Veterans Center to:

- \_\_\_\_\_ release information to:
- \_\_\_\_\_ obtain information from:
- \_\_\_\_\_ exchange information with:

The following information pertaining to myself:

- \_\_\_\_\_ treatment summary
- \_\_\_\_\_ diagnosis
- \_\_\_\_\_ psychological test results
- \_\_\_\_\_ psychiatric evaluation/medication history
- \_\_\_\_\_ dates of treatment attendance
- \_\_\_\_\_ other (specify): \_\_\_\_\_

for the purpose of:

- \_\_\_\_\_ evaluation/assessment and/or coordinating treatment efforts
- \_\_\_\_\_ other (specify): \_\_\_\_\_

This consent will automatically expire one (1) year after the date of my signature as it appears below, or on the following earlier date, condition, or event

\_\_\_\_\_

I understand I have the right to refuse to sign this form, and that I may revoke my consent at any time (except to the extent that the information has already been released).

\_\_\_\_\_  
Signature of Guest Date

Social Security #: \_\_\_\_\_  
OR  
Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness Date



# MENTAL HEALTH HISTORY/DISGNOSIS

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

S.S.#: \_\_\_\_\_

CURRENT LIST OF MEDICATIONS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SUICIDE ATTEMPTS: \_\_\_\_\_

Last Suicide Attempt: \_\_\_\_\_

Method: \_\_\_\_\_

IN-PATIENT HOSPITALIZATIONS (date and location): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## **ALCOHOL USE/HISTORY:**

LAST USE: \_\_\_\_\_

FREQUENCY: \_\_\_\_\_

## **DRUG USE/HISTORY:**

LIST OF DRUGS USED AND DATE OF LAST USED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# GUEST CONTRACT FOR ALLEGHENY VALLEY VETERANS CENTER (AVVC)

## Supportive Housing for Homeless Veterans

One of the prerequisites for admission to the AVVC Program is the signing of a contract between you and the program. We request that you read and understand every statement on the following pages. When you have done so, place your initials in the blank space provided. When you have finished reading and initialing each statement and agree to abide by the contract, affix your signature in the appropriate block. An AVVC staff member must witness your signature.

1. \_\_\_ I agree to participate in the AVVC Program long term. The length of my participation is determined by my needs and goals with input from the treatment team.
2. \_\_\_ I agree to actively participate in the AVVC Program. If I do not intend on goals that are developed with my case manager, I am not eligible for this program.
3. \_\_\_ I realize that requirement of residing in the AVVC and participating in the program is remaining abstinent from alcohol and illicit drugs. I agree to provide random urinalysis samples when requested by staff. I understand that if I fail to produce a urine sample within 24 hours of the request, it will be considered a "positive" and I will be discharged from the program. I understand that if the hospital lab determines that my urine sample is positive for illicit drugs or alcohol, I will be discharged from the program. I understand that a refusal to submit a urine sample will be considered a "positive" urine.
4. \_\_\_ I agree to be actively involved in the recovery process to attend and participate in weekly outpatient and residential community groups.
5. \_\_\_ I am aware that I am required to pay up to 30% of my income not to exceed \$300 as a fee that will be deducted every month that I reside in the AVVC.
6. \_\_\_ I agree to disclose, upon request of the staff, complete financial information including, but not limited to, paycheck stubs, monthly bank statements, or any other form of income, or debt.
7. \_\_\_ I have verbally explained and disclosed to AVVC staff the full extent of my current legal situation (including pending warrants, charges, court dates, probation, or parole conditions, etc.).
8. \_\_\_ I realize the use or possession of alcohol or illegal drugs, or the inappropriate use of prescription drugs at any time is ground for immediate discharge. I further understand that I must inform the program staff of any medications I have been prescribed and will only take medications prescribed by a Physician.
9. \_\_\_ I understand and agree that my conduct and decorum while in this program is being observed by the AVVC and the community and our public relations image is important not only for myself and other residents but also for future residents. I will therefore:
  - A. Do nothing harmful to the image of the or my fellow residents.
  - B. Conduct myself responsibly and project the same image while on pass as I do while in the residence.

10. \_\_\_ If I have any knowledge or suspect any person connected with this program of doing anything destructive to themselves, another person, or be in violation of program rules, I will notify staff immediately while I am in the AVVC Program.
11. \_\_\_ I understand that this is not a medical program, and only acute medical problems will be addressed with long standing medical problems receiving only supportive treatment.
12. \_\_\_ I understand and agree that purchase of a vehicle while a resident of the AVVC must be pre-approved by the Board of Directors. My vehicle must be licensed and insured the day the vehicle is obtained. Copies of current license, registration, and insurance must be provided to the staff. If finances are not available for license and insurance, I will not keep the vehicle. If my vehicle becomes inoperable, I will be granted a reasonable time to repair it. There will be no "Junkers" on or near AVVC property and the staff has permission to have the vehicle towed if I do not remove it when asked. Also, I understand that if I own a vehicle, I am not permitted to repair, change oil, etc., on AVVC grounds.
13. N/A While passes are permitted for therapeutic purposes, I understand that the number of passes will be limited to no more than two (2) per month. No passes will be granted for the first two weekends in the program. Passes may begin any time after 6:00am and end at 10:00pm on the following day. Leaving on a pass may not conflict with work or center responsibilities. All pass requests must be submitted to staff for approval. All pass requests will be considered and approved on a case-by-case basis. If I decide not to go on pass, I will immediately inform the staff. I understand that calling off sick from work during the week prior to a pass may cancel the pass request. I will report to the AVVC staff when I have returned from pass.
14. \_\_\_ I am aware that I am responsible for the operation of the AVVC residence, which include cleanliness and general maintenance of my own immediate living area as well as common areas including some of the exterior grounds. The Facility Manager is responsible for assigning common maintenance and cleaning tasks and I agree to cooperate with him/her and my roommates to insure a clean and safe living environment.
15. \_\_\_ I understand that violence; threats of violence and/or verbal or implied threats to other residents, staff, guests, or neighbors are grounds for immediate discharge.
16. \_\_\_ I understand that weapons, or items that the AVVC staff construes as weapons (guns, knives, box cutters, gas emitting canisters, etc.), shall not be allowed on the premises.
17. \_\_\_ I understand that staff may conduct inspection of my room and/or the facility at any time whether I am present or not. They may also search my personal belongings so long as I am present.
18. \_\_\_ I will not be involved in sexual relations on the premises.
19. \_\_\_ I understand that only AVVC staff and guest are permitted in the facility, with the exception of properly approved visitors. Visiting hours are Monday through Friday 4:00pm to 9:00pm Saturday and Sunday from 12:00pm to 6:00pm. All visitors must be preapproved by staff and other residents. I understand that visitors will be allowed in the common living areas only, as described in the Guest Handbook. I understand that persons currently residing in other residential programs are not permitted as visitors in the Facility. I understand that reason and common sense will prevail, and if my guest(s) disturb my roommates in any way, I will ask my guest(s) to leave.

20. N/A I understand that this program has a curfew in effect and that I must be in the Facility each night by 10:00pm and must remain in the AVVC through 6:00am the following morning (except when scheduled to report to work). I understand that the 10:00pm curfew is in effect seven days per week.
21. \_\_\_ I understand that the AVVC is not responsible for loss, damage, or destruction of personal items on the premises.
22. \_\_\_ I understand that theft or willful destruction of personal or government property will result in immediate discharge and arrest.
23. N/A I understand that telephones in the AVVC residences are provided as a courtesy to residents. I will limit my calls, and I understand that calls shall be no longer than thirty (30) minutes in length to give everyone in the facility the opportunity to use the phone. There will be no long-distance calls made from AVVC phones, and no collect calls are to be accepted. Calling cards and cell phones are encouraged.
24. \_\_\_ Smoking is not permitted in the AVVC. Smoking is permitted outside on the grounds of the AVVC in designated areas only. Smoking in the AVVC or outside of designated areas can result in discharge from the program. The burning of incense or candles is not permitted in the AVVC.
25. \_\_\_ I agree to be properly attired in the common areas of the residence. NO EXCEPTIONS.
26. \_\_\_ I understand there will be no disturbing noises after 10:00pm.
27. \_\_\_ I understand that adult books, magazines, videotapes (sexually oriented materials) are forbidden in the AVVC and will be confiscated if found.
28. \_\_\_ I understand that staff and the Board of Directors have the right to inspect any packages brought into the premises.
29. \_\_\_ I agree that there will be no sleeping on sofas or chairs in the common areas.
30. \_\_\_ I understand there is no eating meals in the rooms of the residence. (Snacks are permitted).
31. \_\_\_ I understand there are to be no food products or appliances in the bedrooms. This includes coffee pots and electrical heaters.
32. \_\_\_ Guests of the AVVC "ARE" permitted to have cell phones.
33. \_\_\_ I agree to adhere to the "Good Neighbor Policy" as follows:
  - A. Litter should be picked up immediately
  - B. Extend friendly greetings
  - C. If asked, help in various ways
  - D. Go on neighbor's property only if invited
  - E. Keep noise of outside activities at a low level
  - F. Keep music, when outside at a low level
  - G. Be friendly

34. \_\_\_ I understand that when I leave the AVVC that I am required to "clear" the facility in the proper manner with a AVVC staff member. This includes having my room in "move in" condition for the next veteran. Failure to comply with this section will result in a \$25.00 charge assessed and given to any resident who has to prepare the room for "move in" condition.
35. \_\_\_ I agree that I am responsible for removing my personal belonging immediately upon leaving the residence, regardless of it being a regular or irregular discharge. An AVVC staff member or the Facility Manager must be present when I move from the AVVC. I understand that if I leave the residence and do not return and do not contact staff, my belongings will be secured for a maximum of fourteen (14) days and then will be distributed as determined at the facility meeting. Any food items will not be held; they will be dispersed to the other residents of the AVVC or thrown in the trash.
36. N/A I understand that the AVVC is required to participate in a national evaluation program for research purposes. I will participate with all phases of this evaluation process, including intake, follow-up, and discharge.
37. \_\_\_ I acknowledge receipt of the AVVC Guest Handbook. I understand that it is my responsibility to read and familiarize myself with the rules of the AVVC as outlined in that Handbook. I understand that failure to abide by the program rules is grounds for disciplinary action, including discharge from the program.
38. N/A I understand the code to access the property WILL NOT be given to anyone.
39. \_\_\_\_\_ I understand I am not allowed to have pets in or around the facility at any time.
40. \_\_\_\_\_ (If Applicable) I understand if I have a service dog it must be housebroken, I am responsible for its actions, I will abide by the rules set forth in the Guest Handbook and have signed the Service Dog Agreement on the next page.

I certify that I have read and understand the AVVC Guest Contract as presented above and agree to abide by this contract and all rules and regulations of this program.

\_\_\_\_\_  
Veteran's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff's Signature

\_\_\_\_\_  
Date

## Service Dog Agreement

I, \_\_\_\_\_ agree that I am responsible for the conduct and hygiene of my service dog named \_\_\_\_\_.

I will ensure my service dog has flea and tick protection on at all times to prevent infestation within the facility. I further agree to keep my service dog in good health, agree to license/register my service dog annually according to state and local laws, provide my service dog's medical shot records as proof my service dog is current on all inoculations in accordance with state and local laws, and as proof my service dog has been spayed or neutered, and to observe any hygiene requirements asked of my service dog and myself. I agree to keep my service dog restrained when in common areas of the facility or upon entering and exiting the facility. I agree not to leave my service dog unattended for more than eight (8) hours and will designate someone to provide care to my service dog should my absence exceed eight (8) hours. Should my service dog's conduct, hygiene, and/or my housekeeping standards, as outlined in this agreement and in the Guest Handbook under the Service Dog section on page 9 and 10, become a problem, I understand that I may be subject to eviction.

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**Tenant Signature**

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**Date**

---

**AVVC Staff Signature**

---

**Date**

## Goals Areas

Some people look to this list as a reference when setting goals.

If applicable, select from the following any areas of life you would like to improve.

If you don't see a goal that applies to you, please list your goal area in the space below.

- Alcohol/Drugs
- Financial
- Mental/Emotional Health
- Legal
- Personal Development
- Leisure/Recreation
- Living Arrangement
- Physical Health
- Social/Spiritual Support
- Vocational/Educational
- Other. \_\_\_\_\_

# Common Objectives to Meet Goals in Each Area of Life

## Alcohol

- Go to a medical evaluation to assess the effects of dependence on my health
- Attend seven 12-step meetings per week for 30 days
- When faced with the urge to use, I will develop a plan to engage in healthy activities instead. I will share my plan with my sponsor/case manager

## Legal

- Will meet with Legal Aid to discuss the pros and cons of filing for bankruptcy
- Will meet with Legal Aid to assess current. Child support obligations
- Will make monthly payments to IRS for 2018 tax debt

## Mental Health

- Verbalize an accurate understanding of depression to therapist/sponsor/case manager at my next appointment
- Practice mindful-breathing for 10 minutes 2 times a day
- Will keep a weekly log of 7 events that produce automatic thoughts

## Financial

- Will deposit 30% of my weekly income into a savings account which will not access for 6 months
- Will apply for SNAP (food stamps) with Family Assistance Service Center
- Will consolidate credit card debt at (name of bank) by Jan 1

## Recreational

- Will walk for 30 minutes daily for the next 4 weeks
- Will swim at the YMCA for an hour every Tuesday and Thursday for 1 month
- Will attend 6 weekly SOAR classes to learn how to play guitar

## Living/Housing

- Will schedule an appointment with WD-VASH to get a housing voucher
- Will develop a list of 6 potential housing opportunities in Warren County
- By (date), I will get a letter of recommendation for rental agreements from employer



### **Physical**

- Visit with PCP for examination of a medical condition and cooperate with treatment plan to resolve
- Take prescribed medication as directed by a physician
- Identify at least 1 medical problem and will discuss with PCP how it relates to addiction

### **Vocational/Educational**

- Will meet with employment specialist to update resume and list of references
- Will submit 5 applications to potential employers on (date)
- Will contact school to get 2 copies of my transcripts/diploma

### **Spiritual**

- Will attend services at (name of spiritual center) every Sunday morning from 10:30am to noon for 4 weeks
- Will volunteer for 3 hours, 3 days a week at OSD to help other Veterans gain access to services
- Will practice Thai Chi for 30 Minutes 3 times a week

## Individual Service Plan

This service plan is the cornerstone of a collaborative effort between you, your case manager, and other supportive resources to help reach your goals. Decisions will be made together and will consider your values, culture, and preferences with other professional's expertise and experience.

**Goals:** What you want to change or achieve in your life

**Barriers:** Are in the way of your goals

**Strengths:** Are the tools you already have to help reach your objectives and goals

**Objectives:** Actions steps that will remove barriers

**Services Provided:** What people who support you will do to help

**Completion Evidence:** Changes in your life that let you know you have achieved this goal

**Completion Date:** Date upon which this goal will be met

1. **GOALS** are stated In the Veteran's own words:
  - “I want to adopt a clean and sober lifestyle”
  - “I want to feel happy, like my old self”
  - “I want to find a job and get my own place”
2. **BARRIERS** are challenges as a result of substance use, an emotional/mental health concern. or a medical condition and are key to specifying objectives. These are getting in the way of your goals!
  - “I don't have a resume”
  - “I feel depressed most of the time”
  - “Due to my back, I can't do too much heavy lifting”
3. **STRENGTHS**, skills, talents, and dreams that will help accomplish these goals:
  - “I am only 2 semesters away from getting a degree”
  - “I have 10 years of experience as an electrician”
  - “I have support from my friends, my sponsor, my family, and my spiritual community”
4. **OBJECTIVES** are steps toward a goal and are Specific, Measurable. Attainable, Realistic, & Time-based (S-M-A-R-T).
  - “John/Jane Doe will attend five, 90-minute AA meetings a week for 30 days”
  - “John/Jane Doe will engage in five enjoyable 1-hour activities outside this week”
  - “John/Jane Doe will submit five resumes to potential employers by the end of this week”
5. **SERVICES PROVIDED** by a professional or individual that acts a solution to removing barriers:
  - “Case Manager Jones will monitor the Veteran for program compliance by administering random urine screens”
  - “Case Manager Jones will ask the Veteran to make a list of positive thoughts about him/herself that can replace current negative thoughts”
  - “Mr. /Ms. Doe will make an appointment with a primary care physician to find the cause of his/her back pain by \_\_\_\_\_.”

Veteran: \_\_\_\_\_

Date: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Goal #1

Strengths:

Barriers:

Objective 1:

Objective 2:

Objective 3:

Service Provided By:

Evidence of Completion:

Completion Date:

Goal #2

Strengths:

Barriers:

Objective 1:

Objective 2:

Objective 3:

Service Provided By:

Evidence of Completion:

Completion Date:

Goal #3

Strengths:

Barriers:

Objective 1:

Objective 2:

Objective 3:

Service Provided By:

Evidence of Completion:

Completion Date:

Goal #4

Strengths:

Barriers:

Objective 1:

Objective 2:

Objective 3:

Service Provided By:

Evidence of Completion:

Completion Date:

## Allegheny Valley Veterans Center Drug Screen

Opiates (OPI)

Cocaine (COC)

Barbiturates (BAR)

Benzodiazepines (BZO)

OxyContin (OXY)

Marijuana (THC)

Methamphetamine (MET)

Methylenedioxymethamphetamine (MDMA)

Tricyclic antidepressants (TCAs)

Amphetamine (AMP)

Methadone (MID)

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Veteran Signature

Date

---

Administer Signature

Date

---

Time Results Read