

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

(Only need the DD214 to start the process, the rest are not required unless you have a vehicle you will be parking on the property then a Driver’s License, insurance card, and vehicle registration are required.)

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**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 (If Applicable)

**Allegheny Valley Veterans Center (AVVC) Admission Cover Sheet**

**Name:**  **S.S.# :**

AVVC Admission Date: Program Fee:

# Room Assignment: Case Manager: **N/A at this time**

Program Address: Address for correspondence to staff members:

Allegheny Valley Veterans Center Administrator

100 North Main Street 100 North Main Street

Clarendon, PA 16313 Clarendon, PA 16313

Your Temporary Address:

Allegheny Valley Veterans Center

ATTN: (Your Name) (Room Number)

100 North Main Street

Clarendon, PA 16313

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?**

Current VA Medical (VAMC Station #):

VA ELIGIBLE?

WILLING TO ENROLL in Erie VA?

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:

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?

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?

1. Depression:
2. Anxiety:
3. Sleep Issues:
4. Mania:
5. OCD:
6. PTSD:
7. Psychotic Disorders:
8. Mental Health 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

**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).

 Social Security #:

Signature of Guest Date OR

 Date of Birth:

Signature of Witness Date

**MENTAL HEALTH HISTORY/DIAGNOSIS**

 Name: S.S.#:

CURRENT LIST OF MEDICATIONS:

SUICIDE ATTEMPTS:

Last Suicide Attempt:

Method:

IN-PATIENT HOSPITALIZATIONS (date and location):

**ALCOHOL USE/HISTORY:**

LAST USE:

HOW MANY:

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 contact 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 or my participation is determined by my needs and goals.
2. N/A 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.
4. N/A 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 may be required to pay up to 30% of my income 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 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 at the AVVC is being observed by the AVVC staff 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:
	* 1. Do nothing harmful to the image of the AVVC or my fellow residents.
		2. Conduct myself responsibly and project the same image 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 my vehicle must be licensed and insured at all times while staying at the AVVC. 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 on AVVC property. 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 do major repairs or change oil or other liquids, 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 10:00am to 9:00pm Saturday and Sunday from 10:00am to 6:00pm. I understand that visitors will only be allowed in the common areas, 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 there will be no long-distance calls made from AVVC office phone, 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 halls and common areas of the residence. NO EXCEPTIONS.
26. I understand there will be no disturbing noises after 10:00pm. I will be courteous and respectful of others in the facility and keep TV and radio volumes at an appropriate level not to disturb them.
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 “Absolutely 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 without the AVVC Staffs permission.
32. Guests of the AVVC “ARE” permitted and encouraged to have/carry cell phones.
33. I agree to adhere to the "Good Neighbor Policy" as follows:
	1. Litter should be picked up immediately
	2. Extend friendly greetings
	3. If asked, help in various ways
	4. Go on neighbor's property only if invited
	5. Keep noise of outside activities at a low level
	6. Keep music, when outside at a low level
	7. Be friendly, courteous and respectful
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 the AVVC is not a storage unit and 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. I understand my FOB to access the facility and my room key “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 and I am responsible for its actions. I “WILL NOT” cage my service dog or leave it unattended in my room for long periods of time and I will clean up after my service dog inside and outside the facility. 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.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tenant Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AVVC Staff Signature Date**