



Southeastern Massachusetts Veterans Housing Program, Inc.
20 Willis Street, New Bedford, Massachusetts 02740
Tel: (508) 992-5313 Fax: (508) 999-3909

Criteria for admittance to the Veteran's Transition House

1. Completed Application for Services
2. Copy of military separation paper (DD-214),
3. A psych-social report from your doctor, counselor or
most previous detox.
4. List of medication you are currently taking.

No narcotic's allowed under any circumstances.
5. A referral source (i. e. previous program or detox).
6. A negative tuberculosis test result.

If you have any further question's or are interested in our Program, please contact Sue
Nicolan at (508)992-5313 X23.

Please fax completed paper work to Attn: Susan Nicolan at (508)999-3909.



Date of Application _____

Veterans Transition House Application for Services
Telephone: (508)992-5313 Fax (508)999-3993

General Information

Applicant's Name _____ DOB _____
Telephone Number _____ Cell _____
Email _____ SSN _____
Marital Status? Single _____ Date Married _____ Date Separated _____ Date Divorced _____
Date Widowed _____

Emergency Contact

Name _____ Relationship _____
Telephone # _____ Email _____
Have you had prior residency at Veterans Transition House? _____ If yes, when? _____
Do you have a valid Drivers LIC? _____ Will you be bringing a Registered & Insured Vehicle? _____
Home Address or print Homeless _____
City _____ State _____ Zip _____
If Homeless, how long _____ How long in Household prior to being homeless _____
How long in living in current household _____ Total family members in household _____
Own home _____ Rent _____ Live w/ other _____ Subsidized housing _____
If Referred, Name? _____ Telephone # _____
Hosp./Program Name _____
Hosp/Program Address _____

Military Service Information

Do you have a DD214? Yes _____ No _____ Is it attached? Yes _____ No _____ If No, Date sent for _____
Branch of Service? Army _____ Navy _____ Air Force _____ Marines _____ Coast Guard _____ National Guard _____
Conflict: WWII _____ Korea _____ Vietnam _____ Grenada _____ Panama _____ Persian Gulf _____ OEF _____ OIF _____
Dates Served _____ to _____ Rank at Discharge _____ Combat Duty _____
Discharge Status: Honorable _____ Other Than Honorable _____ Dishonorable _____ General _____ Medical _____
Poor Conduct _____
Campaign Badges: _____
Honors or Citations: _____
Service Connected Disability? Yes _____ No _____ If Yes, Percent _____ Monthly Amount _____

Employment & Training History

Education: HS Diploma _____ GED _____ Voc. School _____ Some College _____
Assos. Degree _____ Degree _____
Employment Status: Employed _____ Unemployed _____ Disabled _____ Retired _____
Current LIC.'s or Certs Held: _____
Special Skills: _____

Yearly Income _____



Employment History

Job Title	Employer's Name and Address	Date Started and Ended	Wages Earned

Monthly Financial Assistance or Compensation Currently Receiving

Date applied for VASH _____ SEC. 8 _____ I have NOT applied for either _____
SCD:\$ _____ Chpt 115: \$ _____ Wkr's Comp. \$ _____ SSI \$ _____
SSDI \$ _____ Food Stamps \$ _____ DTA \$ _____
TOTAL: \$ _____

Medical History

Health Ins. _____ Last TB Test _____ Results _____

Allergies _____

Any Medical Issues? _____

Drug of choice? _____

Longest Sobriety? When How long? _____

Date and place of last detox? _____