

DV FARM



APPLICANT INFORMATION		
Name:	Date of Birth:	
SSN:	M/F:	Phone:
Current Address (if homeless write "homeless" and how long):		
City:	State:	Zip Code:
How many people live with you?		How long at current address?
E-Mail:		
Marital Status: <input type="checkbox"/> Single; <input type="checkbox"/> Engaged; <input type="checkbox"/> Married; <input type="checkbox"/> Separated; <input type="checkbox"/> Divorced; <input type="checkbox"/> Widowed		
Do you have a service animal? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you own a POV? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a DD214?	Is DD214 Attached?	Years of service: _____ to
If not attached, date sent?		
Discharge Status: <input type="checkbox"/> Honorable; <input type="checkbox"/> General; <input type="checkbox"/> Other Than Honorable		
STAFF NOTES		
EMERGENCY CONTACT INFORMATION		
Contact's Name:	Relationship:	
Primary Phone Number	Cell Number:	
E-Mail:		
HEALTH INFORMATION		
Do you qualify for VA Healthcare? <input type="checkbox"/> Yes; <input type="checkbox"/> No		If YES, Have you applied? <input type="checkbox"/> Yes; <input type="checkbox"/> No
VA or Civilian Hospital:		
Primary Care Physician:		
Address:		Phone:
City:	State:	Zip Code:
Mental Health Provider:		
Address:		Phone:
City:	State:	Zip Code:
Other organizations involved in treatment:		
List any allergies you have (include allergies to animals):		
Do you have the following: <input type="checkbox"/> Living Will; <input type="checkbox"/> Health Care Proxy;		
<input type="checkbox"/> DNR (Do Not Resuscitate); <input type="checkbox"/> Durably Power of Attorney		
If yes to any of the above, where is the record located?		
Physical Disabilities (ie. wheelchair, prosthetic, weight lifting limit):		

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STAFF NOTES

CURRENT AND PRIOR DRUG USE				
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DRUG	DATE LAST USED	AMOUNT	LENGTH OF USE	USUAL ADMISSION (Oral, Injection, Inhalation)
Alcohol				
Cocaine				
Heroin				
Marijuana				
PCP				
Meth				
Vicodin				
OxyCodin				
Percocet				
Other				

STAFF NOTES

DRUG TREATMENT HISTORY	
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Number of total Admissions:	
Most Recent Admission Date:	Discharge Date:
Type of treatment during most recent admission:	
Outcome of last admission to treatment was: ___ Completed; ___ Not Completed	
Have you attended a VA Drug and Alcohol Program? ___ Yes; ___ No / How long? 30 Day 60 Day	
Have you attended a long term residential program of 60 or more days? ___ Yes; ___ No	
Do you want to stay clean and sober?	
Do you have problems following directions / treatment plan?	
Have you received other types of drug treatment? ___ Yes ___ No	
If yes, what type:	

STAFF NOTES

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PSYCHIATRIC TREATMENT HISTORY		
Number of total Admissions:		
Most Recent Admission Date:	Discharge Date:	
Reason for most recent admission? ___ Suicidal; ___ Homicidal; ___ Medication		
Outcome of admission? ___ Discharge; ___ Left Against Doctor's Orders		
Current List of Medication and Dosage		
Do you currently feel suicidal? ___ Yes; ___ No If YES, how long?		
Do you currently feel homicidal? Yes; No If YES, how long?		
Would you tell someone if you start to feel suicidal or homicidal? ___ Yes; ___ No		
Have you been diagnosed with any of the following: PTSD; Depression; Anxiety; Schizophrenia; ___ Other (Please Specify)		
STAFF NOTES		
MONTHLY FINANCIAL INFORMATION		
THIS SUMMARY INCLUDES MONTHLY INCOME AND GOVERNMENT MANDATED EXPENSES		
Service Connected: \$	SSI: \$	Chapter 115: \$
Workman's Compensation: \$	SSDI: \$	Child Support: \$
Non-Service Connected: \$	Educational Assistance: \$	
Child Support Payments: \$	Other payments (specify): \$	
STAFF NOTES		

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LEGAL AND CORI INFORMATION	
Have you ever been arrested for / convicted of a sexual offense?	
Have you ever been arrested for / convicted of arson?	
Have you ever been arrested for / convicted of any felony?	
List all pending Charges, Warrants, Probation, Paroles (include Courts and Date):	
Have you ever been incarcerated?	
If yes, what was the reason:	
If yes, for how long?	
STAFF NOTES	
SIGNATURES	
I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.	
Signature of applicant	Date:
Signature of referrer	Date:
STAFF ONLY	
Signature of Admitting Authority	Date: