



# HOMELESS & AT RISK NORTH FLORIDA VETERANS STANDDOWN

## NORTH FLORIDA FAIR GROUNDS MAY 17-18, 2019 VETERAN PARTICIPATION APPLICATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female  
 Contact Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Driver's License/ID Card Number: \_\_\_\_\_ County Issued: \_\_\_\_\_ State Issued: \_\_\_\_\_  
 Branch of Service: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Discharge Type: \_\_\_\_\_ Did you serve in a combat zone? \_\_\_ Yes \_\_\_ no If yes, where? \_\_\_\_\_

Are you registered with the VA for healthcare services? \_\_\_ Yes \_\_\_ No If no, have you applied? \_\_\_\_\_  
 Please check any benefits you are currently receiving from the VA: \_\_\_ Medical \_\_\_ Financial \_\_\_ Housing  
 How do you plan to get to the Stand Down? \_\_\_\_\_ Do you plan to attend both days? \_\_\_\_\_

Will you be bringing a spouse or a mobility aid? \_\_\_ Yes \_\_\_ No If yes, please list below:  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Will you be bringing a pet to the Stand Down? \_\_\_ Yes \_\_\_ No If yes, what kind? \_\_\_ Cat \_\_\_ Dog  
 Limited to two pets per veteran (cat and/or dog only) Veterinarian care is only available on Saturday, so no pets on Friday.

Are you homeless? \_\_\_ Yes \_\_\_ No If yes, please answer the following questions so we may best assist you.  
 Where are you currently staying? \_\_\_\_\_  
 What are your most immediate needs? \_\_\_\_\_  
 How long have you been homeless? \_\_\_\_\_ How long have you been in the Leon County area? \_\_\_\_\_  
 If you are currently in housing, are you at risk of becoming homeless? \_\_\_ Yes \_\_\_ No If yes, describe why: \_\_\_\_\_

Do you have any other immediate needs; Clothing: \_\_\_\_\_ Food: \_\_\_\_\_ Employment \_\_\_\_\_ Other: \_\_\_\_\_

Do you have any **MEDICAL/HEALTHCARE** needs at this time? \_\_\_ Yes \_\_\_ No (Fill in any that apply and add description)  
 Hearing \_\_\_\_\_ Vision \_\_\_\_\_  
 Dental \_\_\_\_\_  
 Feet \_\_\_\_\_ Other \_\_\_\_\_  
 Substance Abuse/Addiction \_\_\_\_\_  
 Have you experienced Traumatic Brain Injury (TBI)? \_\_\_ Yes \_\_\_ No If yes, is the TBI from combat \_\_\_ Yes \_\_\_ No

Do you have any **MENTAL HEALTH** needs at this time? (Fill in any that apply and add description)  
 PTSD \_\_\_\_\_ Depression \_\_\_\_\_  
 Military Sexual Trauma \_\_\_\_\_ Other \_\_\_\_\_

Do you have any **LEGAL** needs at this time? (Fill in any that apply and add as much description as possible) \_\_\_ Yes \_\_\_ NO  
 Criminal: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_  
 Civil: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_  
 Child Support: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_  
 Other: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_

Do you have a Florida \_\_\_ Driver's License or \_\_\_ Identification Card? Do you need assistance obtaining your Driver's License? \_\_\_ Yes \_\_\_ No

I do hereby hold harmless and release from responsibility the Tallahassee Veterans Legal Collaborative, the VA, and all support and service providers for any and all injury to myself or any members of my family, be it self-inflicted or as a result of others while a participant at the North Florida Stand Down. I acknowledge that all information collected on this form is confidential and will only be used for the purpose of the North Florida Stand Down or to assist me with a need I identified.

Signature of Veteran: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit your application no later than May 10, 2019 to the TVLC. Fax. 850.644.0879 or email Standdown@tvlc.legal**



<b>For Official Use:</b>	
Referral Source	_____
Received by TVLC	_____
Date Information Verified	_____
Copy of Application Sent to	_____