



HOMELESS & AT RISK NORTH FLORIDA VETERANS STANDDOWN

NORTH FLORIDA FAIR GROUNDS APRIL 17-18, 2020 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? ___ 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 April 10, 2020 to the TVLC. Email: Standdown@tvlc.legal



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