

State of New Jersey

DEPARTMENT OF MILITARY AND VETERANS AFFAIRS

**Veteran’s Haven North**

*“the rally point”*

200 Sanatorium Rd, Suite 101

glen gardner, NEW JERSEY 08826

 Chris Christie Michael L. Cunniff

 *Governor Brigadier General*

*Commander-in-Chief The Adjutant General*

# SUPPORTIVE HOUSING IN EARLY LIVING DEVELOPMENT

# (SHIELD)

# REFERRAL FOR ADMISSION

**Forward completed referral to:**

**Attn: Gladys Diggs**

**Phone: 908-647-0180 Ext: 4740**

 **Fax: 908-604-5266**

**I. Personal Information:**

**1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. Ethnicity/Race: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5. Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. How long have you been homeless? : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**6. Have you been homeless before? YES/ NO If yes, how many times:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Number of Dependents: \_\_\_\_\_\_\_\_\_\_\_\_ Are your dependents homeless? Yes/No**

**7. Last Residence (place/type):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**8. Referring Social Worker/ Point of Contact (name & number):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**9. List phone # where veteran can be reached: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**10. Please list veteran’s personal e-mail address, if applicable:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**11. Please List Emergency Contact Person (name, address, phone number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**12. Home Town/ State/County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

[Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Text Box Tools tab to change the formatting of the pull quote text box.]

**13. Branch of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years Served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

###  Combat? /Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Discharge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Overseas Duty? /Where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MOS/Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for leaving the Military: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**II. Substance Abuse Information:**

**1. Do you have a history of substance abuse/dependence? Yes/no**

 **If yes, complete this section.**

**2. Drug(s) of Choice (including tobacco):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Period(s) of Use: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Last Use and Triggers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. List the types of program(s) you have attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**III. Mental Health:**

1. **Do you have a history of mental health treatment? Yes/No**

**If yes, complete this section.**

1. **List any/all psychiatric diagnosis (PTSD?): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

1. **List any treatment you are currently receiving (therapy/outpatient/ medications, etc.):**

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

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**4. Have you experienced any traumatic event(s) you are willing to disclose at this time?**

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

**5. Have you ever had thoughts of suicide? Yes / No**

**6. Have you ever hurt yourself intentionally? Yes / No**

 **If yes to #5 or 6, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**7. Have you ever had thoughts of harming others? Yes / No**

**8. Have you ever attempted to severely injure another? Yes / No**

 **If yes to #7 or 8, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**9. Do you currently have the desire and means to harm yourself or others? Yes / No**

**IV. Medical Issues**

**1. List any/all medical diagnosis(es)/ physical problem(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**2. Have you been tested for Hepatitis: \_\_\_\_\_\_\_\_\_\_\_ Results: \_\_\_\_\_\_\_\_\_\_**

 **TB: \_\_\_\_\_\_\_\_\_\_\_ Results: \_\_\_\_\_\_\_\_\_\_**

 **HIV: \_\_\_\_\_\_\_\_\_\_\_ Results: \_\_\_\_\_\_\_\_\_\_**

**3. Are you receiving or do you need therapy for the above listed diagnosis: Yes / No**

**4. List any/all medications you are currently taking: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**5. Please list any known allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**V. Educational/Vocational History:**

**1. When did you last work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. What kind of job was it: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. What vocational training have you had (include dates): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. What is your highest level of education: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. What would you want to do educationally and/or vocationally with your life:**

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

**a. Are there any medical or other issues which would preclude you from**

 **this: \_\_\_\_\_\_\_ If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VI. Financial/ Legal Issues:**

**1. Do you have income (e.g. VA Disability, Employment, Unemployment, Social Security,**

 **etc.): \_\_\_\_\_\_\_ If yes, please list amount/source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Do you have an application pending for Social Security Disability or Non-Service**

 **connected Pension: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Do you have any financial obligations? (e.g. child support, student loans, fines, IRS,**

 **credit cards): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. List any/all legal problems (past, present, and/or pending), include dates and outcomes,**

 **not to be limited to and including the following: arrested and convicted for a crime(s),**

 **incarcerations, court appointed restitutions, been on or are on probation and/or parole,**

 **any/all outstanding warrants: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**5. Have you ever been arrested for and convicted of assault or domestic abuse: \_\_\_\_\_\_\_\_**

 **If yes, explain (include dates and outcome(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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**6. Have you ever been arrested for and/or convicted under Megan’s law or a similar law**

 **against child molestation: \_\_\_\_\_\_\_\_\_\_\_\_ If yes, explain (include dates and outcome(s):**

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

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**7. Do you have a valid Driver’s License: \_\_\_\_\_\_ What state: \_\_\_\_\_\_ Is it valid: \_\_\_\_**

 **Do you have a CDL License: \_\_\_\_\_\_ Issuing state: \_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_**

 **Do you have a vehicle: \_\_\_\_\_\_\_\_\_\_ Plans to bring one to Veteran’s Haven: \_\_\_\_\_\_\_**

**VI. Applicant Narrative:**

**1. List some of your strong points: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. List some of your weak points: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. What do you see yourself doing in the next two years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. What is the biggest obstacle to achieving your goals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. Why do you want to come to Veteran’s Haven: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**6. What do you expect from this program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VII. Applicant Statement:**

**1. I understand that, as part of the referral/entry process, I must be agreeable to provide military and medical documentation, including, but not limited to: DD214, Medical Certification, and urine drug screen and breathalyzer screening results.**

**2. I understand I must provide Veteran’s Haven North with my contact information and communicate any changes to that information, immediately, in order to facilitate my admission.**

**3. I understand that upon entry into Veteran’s Haven North, I will be provided with copies of the rules/regulations and policy and procedures, which I will be expected to follow.**

**4. I understand that upon entry into Veteran’s Haven North, I will work with the staff to establish and adhere to a treatment plan.**

**5. I understand that while I am at Veteran’s Haven North I will need to sign Release of Information forms for healthcare providers, probation or parole officers, etc. for coordination of my treatment plan.**

**6. I understand that while at Veteran’s Haven North I would be assigned collective duty assignments/ chores related to the function and daily operation of the home.**

**7. I understand that, if I fail to provide information honestly and accurately, my stay at Veteran’s Haven North may be affected.**

**8. I understand that, should I enter Veteran’s Haven North, my failure to meet the aforementioned expectations may also affect my stay there.**

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

 **(Applicant Signature)**

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**This section for use by Veteran’s Haven North**

**Referral Notice / Packet Received On (Date):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reviewed By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMMENTS: \_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Anticipated Move-in Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date VHN Staff were emailed alerting to move-in:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

In addition to the SHIELD Referral for Admission, anyone pursuing entry into the Veteran’s Haven North, Supportive Housing In Early Living Development (SHIELD) program must also submit the following “Medical Certification for Supervised Residential Housing” form. This can be completed by any Physician of Advanced Practice Nurse who has recently evaluated and/or cared for the applicant. This form should then be submitted to Veteran’s Haven North, attention:

 Corinne Balaskas, LCSW

 Social Work Supervisor

 200 Sanatorium Road, Suite 101

 Glen Gardner, NJ 08826

 Fax: 908-537-1990

 Phone: 908-537-1966

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