



H.V.E.H.F. Intake application

Name: _____ Date: _____

Social Security # : _____ - _____ - _____ DOB: _____

Branch of service: _____ Contact Number: _____

Last time used V.A. services: _____ Where: _____

Income amount: _____ Type of income: _____

What are your plans while at HVEHF?

Do you have a Hud-Vash or other housing subsidy?	Yes / No
Do you have Clinical Diagnosis?	Yes / No
Do you have a Substance Abuse Problem?	Yes / No
Do you have a Mental Health Problem or PTSD?	Yes / No
Are you willing to actively participate in treatment?	Yes / No

Arrest History:

Are you on Probation or Parole? _____

Do you have to register as a sex offender? _____

Have you ever been arrested for assault with deadly weapon? _____

Have you ever been arrested for assault with intent to commit murder? _____

Have you ever been arrested for attempted murder or murder? _____

**Please FAX completed form to HVEHF: 408-937-1402,
or deliver to 10 Kirk Ave, San Jose, CA 95127**

Note: Wait times may vary.

For status updates please speak with Claude or Yvonne at **(408) 533-0228**