



UNITED VETERANS OF MAINE

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"Veterans Helping Veterans"



4 January 2021

MEMORANDUM OF UNDERSTANDING AND APPLICATION INSTRUCTIONS FOR THE UNITED VETERANS OF MAINE HOUSING ASSISTANCE PROGRAM

This letter of instruction is provided for the individual who is seeking to apply as a client in our housing assistance program, or the agency that is assisting with the completion of an application for a veteran who is interested in our program. Please read this page carefully before proceeding. The attached package contains the following forms.

- UVM Form H-1: Application for Veteran Housing Assistance
- UVM Form A-1: Use of a Representative
- UVM Form R-1: Release of Mental & Physical Health Records
- UVM Form M-1: Physical Health Evaluation Form
- UVM Form M-2: Mental Health Evaluation Form

Prior to being considered for admission into the housing assistance program at the United Veterans of Maine, the applicant must complete forms H-1, R-1, M-1, M-2. Form A-1 is only required if the applicant has received assistance in completing the application, or wants to have someone represent the applicant. The two medical forms, M-1 and M-2, may be completed by the Department of Veterans Affairs or a civilian medical facility in the United States.

Please be advised the mental and physical health evaluations must be completed prior to submitting the application package for processing. All applicants must remember that any inconsistencies will result in a delay or possible rejection of the application. It is important that you ensure all the information is filled in to ensure successful processing. All of the forms in this application are digitized. This means you can complete the entire application using your computer, then print and sign. **All applicants who are seeking entry into the Housing Assistance Program that is offered by the United Veterans of Maine will be required to speak with the Executive Director for an intake interview by appointment.**

Upon completing the application package, you may send a PDF version of the entire package by e-mail to the address above, or send the paper copy by postal mail to our main office location for processing. If the applicant has provided a reliable means to be contacted, further communication by the United Veterans of Maine staff will occur once the process is complete with an approval or denial for housing assistance. If more information is needed, be advised it is the applicant's responsibility to obtain the necessary information to satisfy any additional entry requirements.

Thanks for expressing interest in our housing assistance program and we look forward to working with you in our drive to give another veteran a hand up and not just a hand out.

Respectfully,

Edward D. Schupbach

Edward D. Schupbach
Executive Director, United Veterans of Maine



UNITED VETERANS OF MAINE

APPLICATION FOR VETERAN HOUSING ASSISTANCE



SECTION A. APPLICANT'S INFORMATION

1a. Name of Applicant (Last, First, Middle)	1b. Last 4 of Applicant's SSN
2a. Applicant's Military Status (check one) <input type="checkbox"/> Active Duty <input type="checkbox"/> Veteran <input type="checkbox"/> Retired <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> National Guard / Reserve	2b. Applicant's Date of Birth (mm/dd/yyyy)
3a. Applicant's Mailing Address (include City, State, Zip)	3b. Applicant's Telephone Number
	3c. Applicant's E-Mail Address
4a. Type of housing Applicant is requesting <input type="checkbox"/> Single Person <input type="checkbox"/> Family If you are seeking family housing, please fill out the rest of Section A. If you are requesting housing for a single person, please skip the rest of this section and move on to Section B.	
4b. Name of Spouse (Last, First, Middle)	4c. Spouse's Date of Birth (mm/dd/yyyy)
4d. Spouse's Military Status <input type="checkbox"/> Active Duty <input type="checkbox"/> Veteran <input type="checkbox"/> Retired <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> National Guard / Reserve <input type="checkbox"/> Military / Veteran Dependent	4e. Last 4 of Spouse's SSN
5a. Do you have children? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered "Yes" please list your children below.	
5b. Child's Name (Last, First, Middle)	5c. Child's Date of Birth (mm/dd/yyyy)
5d. Child's Name (Last, First, Middle)	5e. Child's Date of Birth (mm/dd/yyyy)
5f. Child's Name (Last, First, Middle)	5g. Child's Date of Birth (mm/dd/yyyy)
6. Emergency Contact:	Phone Number:
6 Alternate Emergency Contact:	Phone Number:
SECTION B. APPLICANT'S CURRENT HOUSING STATUS	
1a. What is your living situation as of the date of this application? <input type="checkbox"/> Own Home <input type="checkbox"/> Rent <input type="checkbox"/> Living in Motor Home/Travel Trailer <input type="checkbox"/> Staying with friends and/or family <input type="checkbox"/> Homeless Shelter <input type="checkbox"/> Homeless on the Street	
1b. If you are renting, are you currently under an eviction notice? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered "Yes" please answer question 1c.	1c. Date of Eviction (mm/dd/yyyy)
1d. If you are staying in a Homeless Shelter, please list the name and address of the facility. Include the city, state and zip code.	1e. Phone Number of Homeless Shelter and name of director or supervisor we can contact to verify your status

SECTION B. APPLICANT'S CURRENT HOUSING STATUS (CONTINUED)

1f. If you own your home, please list the physical address below. Include the city, state and zip code.

1g. Please list the month and year you purchased your home

1h. While your specific housing status may not be listed in this section, please give us a brief statement regarding your housing situation and how you feel the United Veterans of Maine can help. Tell us how you became homeless, or homeless on the street, to also include the length of time you have been in that situation. Please use a separate sheet of paper, if necessary

SECTION C. APPLICANT PROGRAM ENROLMENT AND STATUS

1a. Please check all of the applicable items that explicitly apply to your current situation:

- Disabled – Attach medical documents signed by your medical practitioner
- Working (Employed) – Attach your pay stubs from the past two months
- Unemployed
- Collecting unemployment benefits – attach stubs and documentation from the state department responsible for your current unemployment compensation
- Starting a new job – give the date here (mm/dd/yyyy): _____
- Applied for Adult Public Assistance; application pending
- Currently receiving Adult Public Assistance such as Food Stamps, General Assistance or ATAP from the state or private organization – provide documentation of your current public assistance status
- Working with other agencies for assistance – please list them here: _____
- Receiving Supplemental Security Income (SSI), state disability, Service Connected disability from the Department of Veterans Affairs

NOTE: If you are VA Service Connected, list your percentage here: _____ %

2a. Are you currently on probation or parole?

Yes No

2b. List the name and phone number of your probation or parole officer if you have one.

SECTION D. HOUSING ELIGIBILITY QUESTIONNAIRE

1a. To be eligible for housing with the United Veterans of Maine, you must meet minimum entry requirements for entry into the program. If you meet the requirements, please initial each one below.

_____ I have served at least 180 days of active duty service in the Uniformed Services of the United States.

_____ I have received an Honorable or "General under Honorable Conditions" discharge from the Uniformed Services of the United States, and can provide a copy of my DD-214 if requested or verification from the Department of Veterans Affairs within five (5) business days of the date of this application.

_____ I have not been convicted in a state or federal court of the following types of offences: **Arson, Assault or Aggravated Assault, Manslaughter, Murder, Robbery or Sexual Offences of ALL sorts.** Additionally, I acknowledge that no active warrants or warrants are in place against me in any jurisdiction of the United States.

_____ I acknowledge that prior to entry into the United Veterans of Maine housing program, I will be screened for any outstanding mental and physical health problems through the Department of Veterans Affairs or a civilian based medical facility.

1b. The United Veterans of Maine performs a background check on ALL applicants using the Alaska Public Safety Information Network (i.e. APSiN) and the National Crime Information Center (i.e. NCIC) for active court cases and past convictions. Apart from the disqualifying offences listed in question 1a, have you ever been convicted of a crime in a state or federal court?

Yes No

If you answered "Yes" please answer questions 1c through 1h, if applicable. Start with the most recent conviction and work your way back in time.

1c. Nature of Crime – List the charge by which a conviction was given, to include any applicable state or federal statute, if possible	1d. Date of Conviction (mm/dd/yyyy)
1e. List the city and state where you were convicted	1f. Type of Conviction <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
1g. Nature of Crime – List the charge by which a conviction was given, to include any applicable state or federal statute, if possible	1h. Date of Conviction (mm/dd/yyyy)
1i. List the city and state where you were convicted	1j. Type of Conviction <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
1k. Nature of Crime – List the charge by which a conviction was given, to include any applicable state or federal statute, if possible	1l. Date of Conviction (mm/dd/yyyy)
1m. List the city and state where you were convicted	1n. Type of Conviction <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
1o. Nature of Crime – List the charge by which a conviction was given, to include any applicable state or federal statute, if possible	1p. Date of Conviction (mm/dd/yyyy)
1q. List the city and state where you were convicted	1r. Type of Conviction <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor

2a. As part of the housing program that is offered by the United Veterans of Maine, you will be required to work at the farm to help with your stay. There are a number of various activities and things that need to be done on a regular basis. Based on your physical work capabilities, please check off the item(s) you are capable of doing on a regular basis. _____ **Initial**

- | | | |
|--|---|--|
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Mechanic* | <input type="checkbox"/> Woodworking |
| <input type="checkbox"/> Heavy Equipment Operator* | <input type="checkbox"/> Cleaning / Janitorial | <input type="checkbox"/> Heavy Lifting (Up to 75 pounds) |
| <input type="checkbox"/> Electrical* | <input type="checkbox"/> Plumbing* | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> General Laborer | <input type="checkbox"/> Metal Worker |
| <input type="checkbox"/> Welding* | <input type="checkbox"/> Snow Removal (Winter Months) | <input type="checkbox"/> Office Assistant / Clerical |

* All of the tasks labeled with an asterisk require prior certification and/or verifiable experience

SECTION D. HOUSING ELIGIBILITY QUESTIONNAIRE (CONTINUED)

3a. The United Veterans of Maine receives numerous requests for housing, to include accommodating veterans as facilities are made available. In doing so and joining our program, we seek to obtain information regarding your capabilities. Furthermore, we realize there may not be something listed and perhaps would like to list it here. If you have a skill set that isn't listed in question 2a, please tell us what you are capable of doing to better assist the United Veterans of Maine in getting you daily tasks while enrolled in our program.

4a. Do you have any religious preference?

Yes No Prefer not to respond

If you answered "Yes" please list your religious affiliation here:

5a. One of the things we look at doing with new clients is finding out what their goals are. We already know that each one who comes through our program will have different ideas, goals and perhaps skill sets. Please explain to us what your goals are for this program. Please explain what you, as an individual, want to get out of the program. Please tell us why you would be a good fit as a client for our housing assistance program. In your own words, tell us how you can be an asset to the United Veterans of Maine and truly make a difference in your own life using our program and also have a positive impact on our organization as a whole. Use a separate sheet of paper, if necessary.

SECTION E. HOUSEHOLD INCOME AND AVAILABLE FUNDS

1a. List all sources of income that you have received during the last 30 days and current available funds. Please attach your most recent statements for any bank accounts you have and pay stubs from any source of income you receive.

If you are applying for family housing, both adults must provide income information for the last 30 days as verification of income. Attach any documents that can prove your income during this time period.

Source of Income	Primary Applicant	Spouse
Wages, net salary (attach pay stubs)	\$	\$
Unemployment Insurance Benefits	\$	\$
ATAP, TANF, ASAP, GA	\$	\$
Food Stamps (i.e. SNAP)	\$	\$
Senior Benefits Program (State of Alaska only)	\$	\$
Tips or gratuities	\$	\$
Self-Employment, Carving, beading, etc.	\$	\$
Child support and alimony	\$	\$
Foster care payments	\$	\$
Social Security (SSA) retirement, survivors, etc.	\$	\$
Supplemental Security Income (SSI) Disability	\$	\$
Cash-out of retirement or pension plan	\$	\$
Worker's Compensation	\$	\$
Native Corporation dividends	\$	\$
Checking Account (current balance)	\$	\$
Savings Account (current balance)	\$	\$
VA Disability	\$	\$
Other Income (specify)	\$	\$
Total Income for the Last 30 days	\$	\$

SECTION F. STATEMENTS AND CERTIFICATION

PLEASE READ THIS SECTION COMPLETELY AND CAREFULLY BEFORE SIGNING!

Penalty Statement: There are severe criminal and civil penalties including fine or imprisonment, or both, for knowingly submitting a false, fictitious, or fraudulent request for services to be rendered by the United Veterans of Maine.

Services: Services that have been requested in this application will be processed in the order they are received. Be advised that the United Veterans of Maine reserves the right to deny assistance to any applicant who fails to provide complete details or false information. Furthermore, assistance is given on a resource availability basis. The United Veterans of Maine will work diligently to get your request processed and approved in a timely manner. Additionally, we will work with other organizations to facilitate assistance for displaced veterans who are in need, all on a resource availability basis if housing is not available for the applicant or their family.

Certification: I certify that the information provided in this application is true and correct to the best of my knowledge. The information submitted is subject to further verification through local law enforcement, the Department of Veterans Affairs and any civilian treatment agencies as required to fulfill this request for veterans housing. I further certify that if assistance as a homeless or displaced veteran and/or service member is being requested, the United Veterans of Maine may conduct a criminal background investigation to include a check for warrants and warrants. I further understand that housing directly provided by the United Veterans of Maine is based on availability of facilities, by which the application may not be granted if space is unavailable.

SECTION F. STATEMENTS AND CERTIFICATION (CONTINUED)

The Federal law concerning fraud states ... "Whoever in any matter within the jurisdiction of any department or agency of the United States, knowingly and willingly falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false fictitious or fraudulent statements or representations or makes or uses any false writing or documents, knowing the same to contain any false, fictitious or fraudulent statement or entry shall be fined not more than \$10,000.00 or imprisoned not more than five years or both."

Under the Privacy Act, 5 U.S.C. 552(a), Section 7(a)(1)(2), the United Veterans of Maine cannot give out the information you give the caseworker with the exception of other Federal, State, Tribal Offices and other programs who have some responsibility for providing the services for which you are applying. The information can also be given to those agencies when you ask them or a job or for some other benefit, and for law enforcement purposes. This can be done without your written consent. For any other person or program wanting information from your case record file, you must first give your written consent. You have a right to know what information is inaccurate, so ask your caseworker how to change the information in the case record.

Paperwork Reduction Act of 1995 S.244 This statute is to minimize the paperwork burden for individuals, small businesses, educational and non-profit institutions, federal contractors, State, local and tribal governments and other persons resulting from the collection of information by or for the federal government. United Veterans of Maine has this act available for public inspection upon written request. I understand and have read or explained to me the provision of my protection under the Paperwork Act and Privacy Act.

Housing Assistance clients must do the following: Participate with the United Veterans of Maine in developing a plan to undergo self-sufficiency, good conduct and volunteer your time as part of our program requirements. Furthermore, clients must immediately notify the United Veterans of Maine if changes to employment, finances or living situation occur. Failure to do so may result in involuntary removal from the program and the possibility of not being permitted to remain in the program.

Signature of Primary Applicant

Printed Name of Primary Applicant

Application Date (mm/dd/yyyy)

Signature of Spouse (if applying for family housing assistance)

Printed Name of Spouse (if applying for family housing assistance)

Application Date (mm/dd/yyyy)

SECTION G. FOR UNITED VETERANS OF MAINE STAFF USE ONLY

Staff remarks for application:

Application for veteran housing assistance is:

Approved Denied

Signature of Executive Director or other authorized official

Printed name of Executive Director or other authorized official

Date Application Signed (mm/dd/yyyy)



UNITED VETERANS OF MAINE

USE OF A REPRESENTATIVE



SECTION A. INTRODUCTION

You do not need to receive assistance with this application package for housing assistance with the United Veterans of Maine. It is your choice. No one can guarantee the approval of your application. All of the forms you need to apply for the housing assistance program are included with this application package.

A representative is someone who has provided advice or guidance to you prior to submitting your application, following submission of your application, and/or someone that has your permission to conduct business on your behalf with United Veterans of Maine. Be advised that your representative may be contacted to verify some information regarding your character and completeness of this application for housing assistance.

You may have one representative only. If you appoint an additional representative, the previous representative will no longer be authorized to conduct business on your behalf and receive information on your case file.

SECTION B. APPLICANT'S INFORMATION

1a. Name of Applicant (Last, First, Middle)	1b. Last 4 of Applicant's SSN
2a. Applicant's Military Status (check one) <input type="checkbox"/> Active Duty <input type="checkbox"/> Veteran <input type="checkbox"/> Retired <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> National Guard / Reserve	2b. Applicant's Date of Birth (mm/dd/yyyy)
3a. Applicant's Mailing Address (include City, State, Zip)	3b. Applicant's Telephone Number
	3c. Applicant's E-Mail Address
4a. I am: <input type="checkbox"/> Appointing a representative <input type="checkbox"/> Cancelling the appointment of a representative	

SECTION C. APPOINTMENT OF A REPRESENTATIVE

I authorize the following individual to serve as my representative and to conduct business on my behalf with United Veterans of Maine for the explicit purpose of enrolling into the veterans housing assistance program.

I authorize United Veterans of Maine to release information from my case file and that of my dependent children under 18 years of age to my representative. This authorization is in accordance with the Privacy Act.

I am aware that any information which would be subject to exemption, if I had the right of access under the Privacy Act or the Freedom of Information Act, will likely not be released.

1a. Name of Representative (Last, First, Middle)	1b. Date of Birth (mm/dd/yyyy)
1c. Your representative is a: <input type="checkbox"/> Family member or friend <input type="checkbox"/> Member of a social serve or other non-governmental organization <input type="checkbox"/> Member of a religious organization, or ordained minister <input type="checkbox"/> Member of a state government agency, such as the State Department of Labor <input type="checkbox"/> Member of a federal government agency, such as the Department of Veterans Affairs	
1d. Representative's Mailing Address (include City, State, Zip)	1e. Representative's Telephone Number
	1f. Representative's E-Mail Address

SECTION D. REPRESENTATIVE'S ORGANIZATION OR FIRM CONTACT INFORMATION

1a. Full name of firm or organization, if applicable

1b. Mailing Address of firm or organization (include City, State, Zip)

1c. Contact Telephone Number

1d. Contact E-Mail Address

SECTION E. REPRESENTATIVE'S DECLARATION

I declare that the information listed in Sections C and D is truthful, complete and correct.

I fully understand and accept that I am the person appointed by the applicant to conduct business on the applicant's behalf with United Veterans of Maine regarding the application for veterans housing assistance.

I fully understand and accept that this appointment as a representative can be terminated at any time by the applicant's resubmission of UVM Form A-1, dated July 2018.

1a. Signature of Representative

1b. Printed name of Representative

1c. Application Date (mm/dd/yyyy)

SECTION F. CANCEL THE APPOINTMENT OF A REPRESENTATIVE

I respectfully withdraw my authorization for this person to serve as my representative, to receive information on my case file and to conduct business on my behalf with United Veterans of Maine, effective immediately upon signing and submitting this form.

1a. Name of Representative (Last, First, Middle)

1b. Date of Birth (mm/dd/yyyy)

1c. Name of firm or organization, if applicable

SECTION F. APPLICANT'S DECLARATION

I declare that I have truthfully and faithfully answered all of the questions in this application for veterans housing assistance and any attached application in this package.

I also declare that I have read and understood the statements on this form, having asked and obtained an explanation for every point that was unclear to me.

1a. Signature of Applicant

1b. Application Date (mm/dd/yyyy)

1c. Signature of Spouse or Co-Applicant, if applicable

1d. Application Date (mm/dd/yyyy)

SECTION G. RESERVED FOR UNITED VETERANS OF MAINE STAFF ONLY

1a. Date Received (mm/dd/yyyy)

1b. Client's Case Number

1c. Name of staff member that reviewed this form

1d. Staff Member's Signature



UNITED VETERANS OF MAINE
RELEASE OF MENTAL & PHYSICAL HEALTH RECORDS



**HIPAA COMPLIANT AUTHORIZATION FOR THE RELEASE OF PATIENT
INFORMATION PURSUANT TO 45 CFR 164.508**

TO: _____
Name of Healthcare Provider/Physician/Facility/Medicare Contractor

Street Address

City, State and Zip Code

RE: Patient Name: _____

Date of Birth: _____ Social Security Number: _____

I authorize and request the disclosure of all protected information for the purpose of my entry into the United Veterans of Maine housing assistance program. I expressly request that the designated record custodian of all covered entities under HIPAA identified above disclose full and complete protected medical information including the following:

- Completed copy of UVM Form M-1; Physical Health Evaluation Form including and supporting documentation.
- Completed copy of UVM Form M-2; Mental Health Evaluation Form and supporting documentation.

I understand the information to be released or disclosed may include information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV), and alcohol and drug abuse. I authorize the release or disclosure of this type of information.

This protected health information is disclosed for the express purpose of entry eligibility into the United Veterans of Maine housing assistance program. This authorization is given in compliance with the federal consent requirements for release of alcohol or substance abuse records of 42 CFR 2.31, the restrictions of which have been specifically considered and expressly waived.

You are authorized to release the above records to the following representatives of defendants in the above-entitled matter who have agreed to pay reasonable charges made by you to supply copies of such records:

United Veterans of Maine

358Caribou, ME 04736 Washburn Street

Phone: (207) 492-2190

I understand the following: See CFR §164.508(c)(2)(i-iii)

- a. I have a right to revoke this authorization in writing at any time, except to the extent information has been released in reliance upon this authorization.
- b. The information released in response to this authorization may be re-disclosed to other parties.
- c. My treatment or payment for my treatment cannot be conditioned on the signing of this authorization.

Any facsimile, copy or photocopy of the authorization shall authorize you to release the records requested herein. This authorization shall be in force and effect until two years from date of execution at which time this authorization expires.

Signature of Patient or Legally Authorized Representative
(See 45CFR § 164.508(c)(1)(vi))

Date (mm/dd/yyyy)

Name and Relationship of Legally Authorized Representative to Patient
(See 45CFR §164.508(c)(1)(iv))

Witness Signature

Date (mm/dd/yyyy)



UNITED VETERANS OF MAINE

PHYSICAL HEALTH EVALUATION FORM



SECTION A. APPLICANT'S INFORMATION

1a. Name of Applicant (Last, First, Middle)	1b. Last 4 of Applicant's SSN
2a. Applicant's Military Status (check one) <input type="checkbox"/> Active Duty <input type="checkbox"/> Veteran <input type="checkbox"/> Retired <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> National Guard / Reserve	2b. Applicant's Date of Birth (mm/dd/yyyy)
3a. Applicant's Mailing Address (include City, State, Zip)	3b. Applicant's Telephone Number
4a. Type of medical screening being conducted <input type="checkbox"/> Initial Client Entry <input type="checkbox"/> Routine Client Physical Examination	3c. Applicant's E-Mail Address
4d. Branch of Military Service <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy	4b. Applicant's Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
	4e. Component <input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reserve

SECTION B. APPLICANT'S CLINICAL EVALUATION

1. Is the Veteran capable of living on his/her own or do they need assistance Please check level below:

Independent with self-care needs, independent once oriented

Independent with self-care needs, need sighted guide occasionally after orientation

Independent with self-care needs, need sighted guide continuously

Need some assistance with self-care, need sighted guide

Completely independent, no care required

2. Patient needs...

2a. Does the applicant require an attendant? Yes No

2b. Does the applicant use a wheelchair for mobility? Yes No

2c. Does the applicant use or require other adaptive equipment? Yes No
If yes, what? _____

2d. Sitting balance of applicant Normal Fair Poor

SECTION C. LABORATORY FINDINGS – URINALYSIS

Tests	Results
1a. Communicable diseases?	
1b. Drugs	
If the result is POSITIVE , please list the drugs below that have been found in the collected specimen.	
1c. Alcohol	
1d. Other, please specify	

SECTION D. VISUAL IMPAIRMENT AND PHYSICAL ABILITIES

1a. Is the applicant legally blind?

Yes No

SECTION E. APPLICANT ALLERGIES

1. Allergies

1a. Does the applicant have Dysreflexia?

Yes No

If yes, explain _____

1b. Does the applicant have anticoagulation or oxygen requirements?

Yes No

If yes, explain _____

1c. Does the applicant smoke?

Yes No

1d. Does the applicant have a history of alcohol or substance abuse?

Yes No

If yes, explain _____

1e. Does the applicant have food allergies?

Yes No

If yes, list them here _____

SECTION F. APPLICANT MEDICATIONS AND SIGNIFICANT QUALIFYING DEFECTS

1a. Prescribed Medications – List the medications that are being prescribed to the applicant. Include the dose, frequency taken and indicate if the prescription is classified as a narcotic. Please list below or provide printed medication list and attach.

NAME OF MEDICATION	REASON FOR MEDICATION	DOSE	FREQUENCY	NARCOTIC? (Yes / No)

1b. Problem list (please list below or attach list)

SECTION G. CLINICIAN CERTIFICATION AND RECOMMENDATION FOR PROGRAM ELIGIBILITY

1a. **CLINICIAN RECOMMENDATIONS; PLEASE READ CAREFULLY.** -- For an applicant to be considered into the United Veterans of Maine Housing Assistance Program, we must be satisfied that the potential client has the capability to take care of themselves while enrolled. Use this section to list any type of work that the applicant is unable to complete. A working copy of this form can be obtained by written request. If you feel the applicant satisfies the entry requirements for the United Veterans of Maine Housing Assistance Program, please list the reasoning to support your findings here. Likewise, if the applicant does not meet the entry requirements, or you feel the applicant is not suited to remain in the Housing Assistance Program (current Clients only), please list the reasoning to support your findings and recommendations for further treatment, to include a follow-up appointment with their primary care provider. Use a separate sheet of paper, if necessary.

1b. Additional Comments

SECTION G. CLINICIAN CERTIFICATION AND RECOMMENDATION FOR PROGRAM ELIGIBILITY (CONTINUED)

PLEASE READ THIS SECTION COMPLETELY AND CAREFULLY BEFORE SIGNING!

Services: Services that are being requested in this application are for entry or continued enrollment in the United Veterans of Maine Housing Assistance Program. United Veterans of Maine reserves the right to send a client who is currently enrolled in the Housing Assistance Program to receive a routine physical health evaluation, in the event compelling reason shows that the individual is unable to take care of themselves for any reason. This physical health evaluation, when completed correctly and completely, serves as a critical document in the aid of any decisions pertaining to the continued enrollment of a client, or initial entry of a new applicant.

Certification: I certify that the information provided in this physical health evaluation form has been completed accurately to the best of my knowledge.

Signature of Examining Clinician

Printed Name of Examining Clinician

Examination Date (mm/dd/yyyy)

Name of medical facility where this examination was administered:

Medical Facility Physical Address (include City, State, Zip)

Medical Facility Telephone Number

Clinician E-Mail Address

Signature of Applicant/Client being Examined

Printed Name of Applicant/Client being Examined

Examination Date (mm/dd/yyyy)

SECTION H. FOR UNITED VETERANS OF MAINE STAFF USE ONLY

Staff remarks for application:

This physical health evaluation form has been administratively reviewed for completeness and accuracy.

Signature of Executive Director or other authorized official attesting that this application has been carefully reviewed

Printed name of Executive Director or other authorized official

Date Application Signed (mm/dd/yyyy)



UNITED VETERANS OF MAINE

MENTAL HEALTH EVALUATION FORM



SECTION A. APPLICANT'S INFORMATION

1a. Name of Applicant (Last, First, Middle)	1b. Last 4 of Applicant's SSN
2a. Applicant's Military Status (check one) <input type="checkbox"/> Active Duty <input type="checkbox"/> Veteran <input type="checkbox"/> Retired <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> National Guard / Reserve	2b. Applicant's Date of Birth (mm/dd/yyyy)
3a. Applicant's Mailing Address (include City, State, Zip)	3b. Applicant's Telephone Number
	3c. Applicant's E-Mail Address
4a. Type of evaluation <input type="checkbox"/> New Client Entry <input type="checkbox"/> Routine Examination <input type="checkbox"/> Client Discharge <input type="checkbox"/> Other: _____	4b. Date of evaluation (mm/dd/yyyy)

SECTION B. PERTINENT FINDINGS ON MENTAL STATUS EXAMINATION

1a. COGNITION: <input type="checkbox"/> No obvious impairments <input type="checkbox"/> Mildly impaired <input type="checkbox"/> Severely impaired	1b. BEHAVIOR: <input type="checkbox"/> Cooperative <input type="checkbox"/> Uncooperative <input type="checkbox"/> Manipulative <input type="checkbox"/> Hostile
1c. PERCEPTIONS: <input type="checkbox"/> Normal <input type="checkbox"/> Hallucinations <input type="checkbox"/> Delusions <input type="checkbox"/> Obsessions	1d. IMPULSIVITY: <input type="checkbox"/> Unlikely to be impulsive <input type="checkbox"/> Occasionally impulsive <input type="checkbox"/> Frequently impulsive
1e. DANGEROUSNESS <input type="checkbox"/> None <input type="checkbox"/> Suicidal thoughts <input type="checkbox"/> Homicidal thoughts <input type="checkbox"/> Suicidal intent <input type="checkbox"/> Homicidal intent	1f. OTHER – Any additional observations and concerns that the medical professional feels is important to this applicant

1g. REQUIRED SCREENING:

The Client has been screened for Post-Traumatic Stress Disorder and Traumatic Brain Injury. All positive screens require a comprehensive evaluation. Results of the screening are as follows:

Post-Traumatic Stress Disorder Screening: Score: _____ Positive Negative

Traumatic Brain Injury Screening: Score: _____ Positive Negative

SECTION C. FINAL FINDINGS AND BEHAVIORAL HEALTH PROVIDER RECOMMENDATION

1a. Please check the appropriate box(es) that pertain to the findings based on thorough examination of the Client:

- The Client does not have a severe mental disorder and is not considered mentally disordered, however he/she has a longstanding disorder of character, behavior and adaptability (i.e., personality disorder).
- The Client manifests a long-standing, chronic pattern of difficulty adjusting (i.e., Adjustment Disorder) as characterized by (Provide detail supporting the reason you check this box):
- The Client has been screened for Post-Traumatic Stress Disorder and Traumatic Brain Injury. These conditions are either not present or, if present, would not prevent the Client from taking care of themselves without the assistance of another person while enrolled in the United Veterans of Maine Housing Assistance Program. The Executive Director is advised to consider the influence of these conditions, if present, when making a final determination for initial entry or continued enrollment.

If the Client shows signs of further deterioration, UVM staff should immediately call:

Name: _____

Contact Information: _____

Call during normal working hours. After hours, they should escort the Client to the nearest hospital.

The Client has been screened for substance use disorders (i.e., alcohol and drugs).
Findings:

Other final findings and recommendations not listed should be written below:

In my professional opinion, this Client:

- Can understand and participate in administrative proceedings
- Can appreciate the difference between right and wrong
- Requires further examination or testing to finalize diagnosis and recommendations
- Other:

Therefore, my recommendation for this Client:

- The Client shows no evidence of a disorder that would limit his/her potential to succeed in the United Veterans of Maine Housing Assistance Program. He/she is cleared to participate in, or remain enrolled in the program, with no mental health limitations, **effective immediately** upon signing this application.
- The Client shows evidence of a disorder that would limit his/her potential to succeed in the United Veterans of Maine Housing Assistance Program. He/she is **NOT** cleared to participate in, or remain enrolled in the program, pending additional examination and further review by an additional Behavior Health Provider.

SECTION D. BEHAVIOR HEALTH PROVIDER CERTIFICATION FOR PROGRAM ELIGIBILITY**PLEASE READ THIS SECTION COMPLETELY AND CAREFULLY BEFORE SIGNING!**

Penalty Statement: There are severe criminal and civil penalties including fine or imprisonment, or both, for knowingly submitting a false, fictitious, or fraudulent mental health examination for services to be rendered by the United Veterans of Maine.

Services: Services that are being requested in this application are for initial Client entry or continued enrollment in the United Veterans of Maine Housing Assistance Program. United Veterans of Maine reserves the right to send a Client who is currently enrolled in the Housing Assistance Program to receive a routine mental health evaluation, in the event compelling reason shows that the individual is unable to take care of themselves for any reason. This mental health evaluation, when completed correctly and completely, serves as a critical document in the aid of any decisions pertaining to the continued enrollment of a Client, or initial entry of a new applicant.

Certification: I certify that the information provided in this mental health evaluation form has been completed accurately and every question on this form has been completed.

Signature of Examining Behavior Health Provider

Printed Name of Examining Behavior Health Provider

Examination Date (mm/dd/yyyy)

Name of facility where this examination was administered

Facility Physical Address (include City, State, Zip)

Facility Telephone Number

Provider E-Mail Address

Signature of Applicant/Client being Examined

Printed Name of Applicant/Client being Examined

Examination Date (mm/dd/yyyy)

SECTION E. FOR UNITED VETERANS OF MAINE STAFF USE ONLY

Staff remarks for application:

This mental health evaluation form has been administratively reviewed for completeness and accuracy.

Signature of Executive Director or other authorized official attesting that this application has been carefully reviewed

Printed name of Executive Director or other authorized official

Date Application Signed (mm/dd/yyyy)