

**GLOUCESTER COUNTY
VETERANS REFERRAL APPLICATION**

NAME _____ DOB _____

SSN _____

ARE YOU A VETERAN YES NO BRANCH OF SERVICE: _____

GLOUCESTER COUNTY RESIDENT? YES NO

ARE YOU ELIGIBLE FOR VA BENEFITS? YES NO _____

DATES OF SERVICE: _____

NATURE OF DISCHARGE: HONORABLE GENERAL OTHER THAN HONORABLE OTHER

DO YOU HAVE A CERTIFIED COPY OF YOUR DD FORM 214? YES NO

WHAT WAS YOUR PRIMARY JOB DESCRIPTION WHILE IN THE SERVICE? (AFSC/MOS/RATING)

CURRENT OCCUPATION OR EMPLOYER: NAME, ADDRESS, PHONE NUMBER, SUPERVISOR

MARITAL STATUS: MARRIED DIVORCED SINGLE RELATIONSHIP

DO YOU HAVE CHILDREN? YES NO IF YES, HOW MANY/AGES

DO YOU HAVE A SERVICE RELATED DISABILITY? YES NO

IF YES EXPLAIN: _____

PHYSICIAN: _____

DATE OF DIAGNOSIS: _____

CURRENT MEDICATIONS: _____

WHERE HAVE YOU ATTENDED TREATMENT? (AGENCY, ADDRESS, THERAPIST NAME)

(PLEASE LIST ALL INPATIENT AND OUTPATIENT FACILITIES OR HALF-WAY HOUSES)

DO YOU HAVE A HISTORY OF SUBSTANCE ABUSE? YES NO IF YES, EXPLAIN:
(PLEASE INCLUDE SUBSTANCES ABUSED, FREQUENCY OF USE, AGE WHEN BEGAN USE, LAST USE):

HAVE YOU EVER BEEN ARRESTED, CHARGED, CONVICTED, CITED OR HELD BY ANY LAW ENFORCEMENT OR JUVENILE AUTHORITIES IN THE UNITED STATES REGARDLESS OF WHETHER THE CHARGE WAS DROPPED OR DISMISSED ON ANY OCCASION, OTHER THAN THIS ARREST? NO YES IF YES, EXPLAIN: (INCLUDE NATURE OF ARREST, DATE WHEN ARRESTED, THE JURISDICTION WHERE YOU WERE ARRESTED, AND THE DISPOSITION OR OUTCOME OF YOUR CASE).

ARE YOU CURRENTLY ON BAIL OR UNDER PROBATION/PAROLE SUPERVISION ON ANY OTHER CRIMINAL MATTER OR HAVE AN ACTIVE RESTRAINING ORDER IN THIS OR ANY OTHER JURISDICTION? YES NO IF YES, EXPLAIN:

BY SIGNING THIS APPLICATION, I AM INDICATING THAT I HAVE READ, OR HAD READ TO ME AND FULLY UNDERSTAND THE VETERANS REFERRAL APPLICATION. I UNDERSTAND AND AGREE THAT I AM VOLUNTARILY ENTERING THIS PROGRAM AND WILL WORK WITH MY LAWYER AND MENTOR TO SUCCESSFULLY COMPLETE THE TREATMENT AND ALL CONDITIONS NECESSARY TO COMPLETE THE PROGRAM SUCCESSFULLY.

SIGNATURE: _____ DATE: _____

PLEASE FAX COMPLETED FORM TO GCPO DET. ERIC SHAW AT (856) 384-8626