LEGION VETERANS VILLAGE – THE VALORIE

Veteran Housing & Support Program (VHSP)

Introduction

At VRS, we are committed to empowering Canadian Veterans by providing a supportive and nurturing environment through our comprehensive Veteran Housing & Support Program (VHSP) and.

This program is divided into two phases: Stabilization & Rehabilitation, and Capacity Building & Skills Development.

Our 19-unit transitional housing facility offers a drug & alcohol free, safe and structured environment, providing up to 12 months of wrap-around supports and services to help Veterans overcome challenges such as homelessness, addiction, PTSD, and other mental or physical health issues.

The purpose of our program is to provide safe, drug & alcohol free supportive transitional housing for Veterans to address their unique challenges and work towards a brighter future.

By offering a holistic and comprehensive approach to recovery and reintegration, we strive to make a positive impact on the lives of our program participants and improve their quality of life.

VRS, Veteran Housing & Support is a drug and alcohol-free (including marijuana) environment and we understand that not everyone wants to live in a place with those restrictions. If you don't want to live in a drug and alcohol-free environment but are still in need of housing, please let us know and we will do our very best to connect you with other housing supports.

Length of Stay

VRS, Veteran Housing & Support Program provides up to 12 months of wrap-around services, with the objective of assisting program participants become ready to exit after completing phase 1, which lasts up to 6 months.

Eligibility Guidelines

- Applicants must have Service/ Regiment number
- Applicants must have 30 days of sobriety
- Applicants are willing to participate in the agreed-upon program(s)
- Applicants are willing to abide by VRS's rules and policies, and residential code of ethics.
- Applicants must sign required forms, including Privacy Act-related forms and VRS residential rules and regulations.

Referral Type: ☐ **Self Referral** ☐ **Agency**

Date: _____

Community reference is required for the application:

Referral Agency or Recovery Facility: _____

Current Program: Start Date: _____ Completion Date: _____

Reference Name: _____ Reference Phone #: _____

I consent to the release of this information to VRS Communities intake staff.

Name: _____ Signature: _____

Email completed form to: masud@vrs.org

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Date of Application: _____

LAST NAME: _____

FIRST NAME: _____

Date of Birth: _____ Gender: _____ Service/ Regiment #_____

Contact #: _____ E-Mail: _____ Message #: _____

Current Address: _____

Addiction:

Addiction History: ☐ Yes ☐ No

Substance Abuse: ☐ Yes ☐ No

When was the last time you used? _____ Drug of Choice: _____
Method of use (ex. smoke, snort, IV): _____
Clean time: _____

Are you currently prescribed any medications for addiction treatment such as Methadone, naloxone, naltrexone……etc.? ☐ Yes ☐ No
If Yes, please describe: _____

Do you have history of Overdose? ☐ Yes ☐ No

If yes, do you have relapse/overdose prevention plan? ☐ Yes ☐ No

Personal care and behavioural information:

Do you require assistance eating? ☐ Yes ☐ No

If yes, please describe strategies/techniques:

_____

_____

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Do you require assistance with toileting?

☐ Yes, using sling ☐ Yes, using sit-to-stand lift

☐ No, independent ☐ Other_____

Do you require support to participate in programs? (check all that apply)

☐ NO ☐ Yes, please describe: _____

_____

Do you have any "triggers" staff should be aware of (loud noises, crowds)? ☐ Yes ☐ No

If yes, please explain: _____

_____

Please describe any techniques/key phrases used that can help you to manage stress:

_____

_____

Medical & psychological information:

Family physician/ psychologist or clinic name? _____phone: _____

Address: _____

Medical Diagnosis/Conditions (please include year if possible):

_____

_____

_____

Psychological/Behavioral Diagnoses/Conditions (please include year if possible):

_____

_____

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Please provide list of current medications/prescriptions and dosages, including vitamins/supplements:

_____

_____

Please list any medical professionals this you see on a regular basis:

☐ Physician Name: _____ phone #: _____
☐ Dentist Name: _____ phone #: _____
☐ Psychiatrist Name: _____ phone #: _____
☐_____ Name: _____ phone #: _____
☐_____ Name: _____ phone #: _____

Do you use a wheelchair, walker, or cane? (check all that apply)

☐ N/A ☐ Manual Wheelchair ☐ Powered Wheelchair ☐ Walker/Cane

☐ Able to walk long distance ☐ Able to walk short distance ☐ Other_____

Do you Suffer from seizure? ☐ Yes ☐ No

If yes, is a seizure protocol in place? ☐ Yes ☐ No ☐ N/A

Do you have any allergies (Food or Medication)? ☐ Yes ☐ No

If yes, please describe: _____

Please indicate any other health concerns we should be aware of:

☐ Back issues ☐ Knee issues ☐ Visual Impairment ☐ Hearing Impairment

☐ Diabetes ☐ Cardiovascular ☐ Asthma/Respiratory

☐ Other _____

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Please list any other services that you receive from other Health Services in the community:

☐Nurse Name: _____ Phone #: _____
☐Physio Name: _____ Phone #: _____
☐Dietician Name: _____ Phone #: _____
☐Occupational Therapist Name: _____ Phone #: _____
☐Clinical Counsellor Name: _____Phone #: _____
☐Other Name: _____ Phone #: _____

LEGAL INFORMATION:

Are you presently on probation? ☐ Yes ☐ No

Are you presently on parole? ☐Yes ☐ No

Please list your convictions and conditions: _____

_____

Parole/ Probation Officer Contact Info:

Name: _____ Phone: _____

E-mail: _____ Fax: _____

Have you applied to any VRS programs or housing before? ☐ Yes ☐ No

Name of the program or housing location _____

FOR STAFF USE ONLY

Date application received: _____ Received by: employee

name_____

Date application reviewed: _____ Reviewed by: employee name

_____

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