LEGION VETERANS VILLAGE – THE VALORIE

Veteran Housing & Support Program (VHSP) Application

Date: _____

Please email completed forms to:
aashni@westcoastcss.org
FOR STAFF USE ONLY
Date application received:
_____
Employee Name:
_____

Personal Information:
First Name: _____
Last Name: _____
Service/ Regiment #_____
☐ Canadian Armed Forces ☐ RCMP
Date of Birth: _____ Gender: _____
Contact #: _____
E-Mail: _____ Message #: _____
Current Address: _____

Substance Use History:

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

Medical & Psychological information:

Mental Health Condition/Concerns: ☐ Yes ☐ No
If Yes, please describe:
_____

Medical Condition: ☐ Yes ☐ No
If Yes, please describe:
_____

Physical Disability: ☐ Yes ☐ No
If Yes, please describe:

_____

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

_____

_____

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

☐ Family Physician Name: _____ Phone #: _____
☐ Dentist Name: _____ Phone #: _____
☐ Psychiatrist/Counsellor Name: _____ Phone #: _____
☐Registered Nurse Name: _____ Phone #: _____
☐Occupational Therapist Name: _____ Phone #: _____
☐Other:
☐_____ Name: _____ phone #: _____
☐_____ 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 _____

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: _____