Referral Form for Veterans

www.bridgeclubofgreaterlowell.org

Referring Agency or Individual
Name (First)
Name (Last)
Phone Number
Email
Organization
Date of Referral
Relationship to Veteran

Veteran Information
Name (First)
Name (Last)
Phone Number
Date of Birth
SSN (last 4 digits)
Email
Gender
Currently Homeless? (Yes / No / At Risk)

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Military Service
Branch of Service
Discharge Status (Honorable / General / Other)
Dates of Service: From
To

Legal Barriers
Is the veteran a Sex Offender? (Yes / No)
Parole or Probation? (Yes / No)
If Yes, Location (optional)

Current Situation & Needs
Currently in Shelter? (Yes / No)
Which shelter (if yes)
Mental Health or Substance Use Concerns? (Yes / No)
Reason for Referral

Medical / Service Connections
Has Primary Care Provider (Yes / No)
PCP / Facility Name
Receiving any VA or community services? (Yes / No)
Enrolled in VA Healthcare? (Yes / No)
VA Location (if enrolled)

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Documents Attached (if available)
☐ DD214 ☐ ID ☐ Medical Records ☐ Proof of Income ☐ Other

Comments

Note: Fields marked with * reflect required items on your online form. This PDF is for offline intake.