



DATE & TIME: \_\_\_/\_\_\_/\_\_\_ \_\_:\_\_\_

# BCGL Veteran Residential Program Application

## Section 1: Applicant Information

Full Name: _____
Date of Birth: ___ / ___ / _____
Social Security _____
Phone Number: _____
Email Address: _____
Current Address: _____
City/State/Zip: _____

Provide a copy of photo ID

## Section 2: Veteran Status

Branch of Service: _____
Dates of Service: _____
Discharge Status: <input type="checkbox"/> Honorable <input type="checkbox"/> General Under Honorable Conditions <input type="checkbox"/> Other Than Honorable <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable
VA Health Care Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
VA Healthcare Enrollment: <input type="checkbox"/> Yes <input type="checkbox"/> No      VASH VOUCHER Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
DD-214 Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No      HUD VASH VOUCHER: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure



### Section 3: Current Housing Situation

Current Living Situation: <input type="checkbox"/> Homeless (Street/Shelter) <input type="checkbox"/> Staying with Friends/Family <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Other: _____
Length of Time in Current Situation: _____

### Residential History Please Provide at least 3 years of Rental History

Apt #	[Number]	[State]	[ZIP]
Address:	[City]	[Reason for Leaving]	
Month/Year Moved In	[Month/Year]		

Apt #	[Number]	[State]	[ZIP]
Address:	[City]	[Reason for Leaving]	
Month/Year Moved In	[Month/Year]		

Apt #	[Number]	[State]	[ZIP]
Address:	[City]	[Reason for Leaving]	
Month/Year Moved In	[Month/Year]		



## Section 4: Monthly Income

(List all sources of income)

Source	Monthly Amount
Employment	\$ _____
VA Disability	\$ _____
Social Security (SSI/SSDI)	\$ _____
Pension	\$ _____
Unemployment	\$ _____
Other	\$ _____

**Total Monthly Income: \$ \_\_\_\_\_**

**(Must include last 4 pay stubs)**

## Section 5: Employment Status

Current Employment: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed
Employer Name (if applicable): _____
Hours per Week: _____
Are you seeking employment (refer to HVRP) <input type="checkbox"/> Interested <input type="checkbox"/> Not Needed



## Section 6: Financial Assistance Needs

Are you currently receiving or in need of financial assistance?

SSVF (Supportive Services for Veteran Families): <input type="checkbox"/> Receiving <input type="checkbox"/> Interested <input type="checkbox"/> Not Needed
Chapter 115 (Massachusetts Veterans Benefits): <input type="checkbox"/> Receiving <input type="checkbox"/> Interested <input type="checkbox"/> Not Needed
Other Assistance: _____

## Section 7: Background & Screening Authorization

### CORI (Criminal Offender Record Information) Authorization

I understand that BCGL may conduct a CORI background check as part of the intake process.

Initials: \_\_\_\_\_

## Section 8: Substance Use & Program Expectations

Are you willing to comply with a sober living environment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand random drug/alcohol testing may occur? <input type="checkbox"/> Yes <input type="checkbox"/> No

## Section 9: Emergency Contact

Name: _____
Relationship: _____
Phone Number: _____



Bridgecluboflowell.org | 33 East Merrimack St., Lowell, MA 01852  
T.978-454-6191 | F. 978-323-9693

## Section 10: Certification & Signature

I certify that the information provided is true and complete to the best of my knowledge. I understand that providing false information may result in denial or discharge from the program.

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



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## **PARKING AGREEMENT**

### **PARKING RULES & AGREEMENT**

At this time, on-site parking is not available. The Bridge Club of Greater Lowell is working toward future parking arrangements as they become available.

At which time, all vehicles must be registered with the Bridge Club of Greater Lowell. Residents are responsible for ensuring that their vehicle is properly insured, registered, and parked only in designated areas.

Unauthorized vehicles or vehicles parked in non-designated areas are subject to towing at the owner's expense.

Failure to comply with parking policies may result in additional program or housing consequences.

### **ACKNOWLEDGMENT & SIGNATURE**

I acknowledge that I have provided accurate vehicle information and understand the parking rules. I understand that any unauthorized parking may result in my vehicle being towed at my expense.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_



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## Release of Information (ROI) Authorization Form

**Print Name of Client:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

### My Authorization:

I authorize the following party or parties: **Bridge Club of Greater Lowell**

### To disclose the following information:

- Department of Veterans Affairs (VA)
- SSVF Providers
- Massachusetts Department of Veterans' Services (Chapter 115)
- Employers
- Landlords
- Credit authorization (If deemed necessary)
- Medical/Behavioral Health Providers
- Attendance and progress
- Recovery goals and action plans
- Case management notes
- Referrals to community services
- Employment and vocational training progress
- Participant Photo/Videos

*The above party may disclose this information for purposes of grant reporting, to affiliated community partners, and other authorized entities involved in providing or coordinating services for the client.*

### My Rights

I understand that I have the right to revoke this authorization, in writing, at any time, except where uses or disclosures have already been made based upon my original permission.

**Signature of Client:** \_\_\_\_\_ **Date:** \_\_\_\_\_