



Red River Valley
Community Action
1013 North Fifth Street,
Grand Forks, ND 58203

SUPPORTIVE SERVICES FOR VETERAN FAMILIES - ND
Applicant Screening and Referral Form

Date:

Applicant Information:

Name:	DOB:
SSN:	Phone:
Address:	City/State/Zip:
# of other adults in household:	# of children in household:
U.S. Military Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Military Discharge (if known):	
<input type="checkbox"/> Residing in permanent housing (apartment, home ownership, staying with family or friends)	
<input type="checkbox"/> Homeless (on streets, in shelter, hotel/motel)	
Current Monthly Income (if known): \$	
What are the applicant's primary barriers?	
What are the applicant's immediate needs?	

Referring Agency Information:

Agency Name:	Contact Person:
Telephone:	Fax:
Address:	City/State/Zip:
Email:	Web Site:
What resources or services does the applicant receive from your agency?	
Please describe any services or resources you can continue to provide to the applicant:	

Return form to: