



# EPCHVC "Stand Down" Info Sheet

## STAFF USE ONLY

VA Verified: Y  N  By: \_\_\_\_\_

Homeless Verified: Y  N  By: \_\_\_\_\_

Master List: Y  N

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

DOB (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_ SSN Last 4 \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Current address (Street) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

How many years/months have you been a Colorado resident? \_\_\_\_/\_\_\_\_ Not CO Resident: \_\_\_\_

What ID do you have with you? (check all applicable) Military ID \_\_\_\_ DD 214 \_\_\_\_ Driver's Lic \_\_\_\_

VA ID Card \_\_\_\_ VA Med Card \_\_\_\_ Other (describe) \_\_\_\_\_ None \_\_\_\_

How many years/months on active duty? \_\_\_\_/\_\_\_\_ Deployed? Yes \_\_\_\_ No \_\_\_\_

Category of your Military discharge? Honorable \_\_\_\_ General \_\_\_\_ Entry Level Separation \_\_\_\_

Other Than Honorable Conditions \_\_\_\_ Bad Conduct \_\_\_\_ Dishonorable \_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_ No \_\_\_\_ Year \_\_\_\_\_

Are you registered with the VA? Yes \_\_\_\_ No \_\_\_\_ Don't Know (DK) \_\_\_\_

Applied for VA Benefits? Yes \_\_\_\_ No \_\_\_\_ DK \_\_\_\_ Applied For VA Medical Care? Yes \_\_\_\_ No \_\_\_\_ DK \_\_\_\_

Where Did You Stay Last Night? (check one) Car \_\_\_\_ Outside \_\_\_\_ Friends \_\_\_\_

Springs Rescue \_\_\_\_ R.J. Montgomery \_\_\_\_ Crawford House \_\_\_\_ Your own home or apt \_\_\_\_

Other place (describe) \_\_\_\_\_

**Do you consider yourself to be homeless? Yes \_\_\_\_ No \_\_\_\_ If yes:**

Who is homeless with you that you think of as family? Spouse \_\_\_\_ Adult companion \_\_\_\_

Children (genders & ages) \_\_\_\_\_ Pets (type) \_\_\_\_\_

Do you have a plan to get permanent housing? Yes \_\_\_\_ No \_\_\_\_ **If yes:**

What's the plan? \_\_\_\_\_

Which housing program(s) are you working with? (check) RMHS \_\_\_\_ VA \_\_\_\_ None \_\_\_\_

Other (describe) \_\_\_\_\_

Have you been dismissed from a shelter during the past six (6) months? Yes \_\_\_\_ No \_\_\_\_ **If yes:**

Why? \_\_\_\_\_

Do you have a Case Worker? (Name & Org) \_\_\_\_\_ None \_\_\_\_

Have you completed Vulnerability Index - Service Prioritization Decision Assistance Tool? (VI-SPDAT)

Yes \_\_\_\_ No \_\_\_\_ DK \_\_\_\_

Do you have reliable transportation? Yes \_\_\_\_ What is it? \_\_\_\_\_ No \_\_\_\_

Veteran's Signature \_\_\_\_\_

Anonymous EPCHVC Veteran's "Stand Down" Satisfaction Survey

Please check one response per line.

1. The program provides assistance in a timely manner.

Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree

2. The program was able to address a majority of my needs directly or via referral to other programs.

Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree

3. The program staff was helpful and courteous.

Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree

4. The services I received made a difference in my overall well-being.

Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree

5. I will recommend this organization to other veterans.

Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree

6. I believe the Stand Down will help me in these ways. Please check all that apply:

Decreased an urgent need.

Increased health /well-being.

Increased job stability or skills.

Increased family well-being.

Decreased food or gas needs.

Increased housing stability.

Increased mental health support.

Increased access to health care.

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_