



Paul's House Admission Application

Name: First _____ Middle _____ Last _____

Date of Birth _____ City _____ State _____

Social Security No. _____ Cell Phone No. _____

Are you a US Citizen YES / NO _____ Are you a Veteran YES / NO _____?

Branch of Service _____ Service # _____

Dates Served, Month/Year From _____ To _____

Type of Discharge _____ (Honorable, Medical, General, etc.)

Do you have any of the following forms of identification? (Driver's License, etc.)

VA Card (YES / NO) _____ DD-214 (YES / NO) _____ Driver's License (YES / NO) _____

How did you hear about or who referred you to Paul's House? _____

Do you currently have a case/social worker? (YES / NO) _____

If yes, please give: Name _____ Phone#: _____

Organization _____

Your last address: _____ Apt. _____

City _____ State _____ Zip Code _____

Where are you currently living? _____

Are you Married, Single, etc.?

Family member: Name _____ Relation _____

Address _____ Apt. _____

City _____ State _____ Zip Code _____

Phone No. _____ Do we have your permission to contact them? YES / NO _____

Highest level of education completed _____

Degrees and Trade Certificates _____

Are you currently receiving any Income? YES / NO _____

If yes, list source and amount _____

What are your monthly expenses? List reason and amount. _____

List all /any other outstanding debts to include fines and legal fees. _____

Medical Issues:

Do you have a problem with drugs or alcohol? YES / NO _____ Do you have any health problems? YES / NO _____

If yes, please explain _____

Do you have a primary care physician? YES / NO

Doctor's name _____ Phone _____

Do you have medical coverage/insurance? YES / NO _____

If so, please list this here _____

Are you in the VA system YES / NO If so which hospital / locations _____

Our facility is not handicap accessible. Are you able to climb stairs without assistance? YES / NO _____

Can you perform light manual labor required to maintain the facility YES / NO? _____

Are you currently taking any medications? YES / NO, if yes, please list below.

Name	How Often	Reason

Do you require a special diet? YES / NO. Explain if Yes, _____

Do you have any allergies? YES / NO, List if yes _____

Legal Issues

Have you ever been convicted of a felony? YES / NO _____

What is your current legal status? FREE & CLEAR - PROBATION - PAROLE

Transportation

Do you own a car? YES / NO _____

If yes Make _____ Year _____ Plate No. _____

Signature of Applicant _____ Date: _____

Signature of agency if applicable _____ Date: _____

The Agency or Veteran can fax this to Valor Clinic Foundation for review and consideration. A representative from Valor Clinic Foundation will be in contact with you. **All information is kept confidential.**

NOTE: We help those who served our country in uniform from all five services, including the Reserves and National Guard. We do NOT help Veterans with dishonorable or "in lieu of court martial" discharges

Fax your application to Valor Clinic Foundation @ 570-664-6469