

Veterans Village Application



Thank you for your interest in the Veterans Village!

The Veterans Village is part of *Awake Ministries* - a Faith-Based, non-profit ministry that exists to equip individuals with the Gospel and the resources necessary for abundant living. To receive housing at the Veterans Village, it is not necessary that you personally claim any particular faith. However, participation in all program pieces *is mandatory*, this will include the faith-based aspects of the program.

This program is designed to help homeless Veterans get access to the resources they need while getting their lives established. ***This is temporary housing*** with a target duration of *6-9 months*. While we will work with Veterans to find more permanent housing solutions, we offer no guarantee that permanent housing will be found or that it will be provided through Awake Ministries.

Qualifying Criteria

- Served in the United States Military
- Separation or discharge from service was not dishonorable
- Homeless

If you do not meet these criteria but you are in need of housing, please feel free to contact our office, via phone or email, and we will do our best to connect you with an organization that may be able to assist you with necessary resources and support.

After we have reviewed your application, you will be asked to provide additional information and documentation such as:

- Valid government issued ID
 - Driver's License, State ID, Passport, etc.
- Valid Social Security Card or Birth Certificate - or proof thereof
- Proof of Military Service & condition of separation / discharge - this can be any of the following forms:
 - DD-214 / DD-215
 - DD Form 256 (for some Reservists)
 - NGB Form 22 (for Guardsmen)
- Documentation of homelessness:
 - Certification Letter(s) from an emergency shelter for the homeless
 - Certification Letter(s) from a homeless service provider or outreach worker
 - Certification Letter(s) from any other health or human service provider

If you need assistance in acquiring these documents, please start by reaching out to the resources below.

Disqualifiers

- If you knowingly provide false information during any part of the application process
 - Furthermore, if while in the program, it has been discovered that false information was provided, you may be subject to immediate discharge.
- If you were dishonorably discharged
- If you currently have housing or have received a voucher
- If you have ever been charged or convicted of a sexual crime; or have ever been on a Sex Offender registry.

Local Resources

Awake Ministries

Phone: 502-647-5555

Email: philip@awakeky.com

VFW Post 1179 (Shelbyville, KY)

Phone: 502-647-2133

Address: 617 Main St.; Shelbyville, KY

Department of Veterans Affairs (KY)

Phone: 502-595-4447

Personal Information

Legal Name

First Name Last Name

Date of Birth

Month Day Year



Today's Date

Month Day Year



Current Physical Address

Street Address

City

State

Zip Code

Current Mailing Address

Street Address

City

State

Zip Code

Phone Number

Area Code Phone Number

Email

example@example.com

Preferred Contact Method

Phone Email

DL / ID

Race

Ethnicity

Gender

Male Female

Religious Affiliation

Marital Status

Single Married Separated
Divorced Widowed

Do you have a hard copy of the following?

Driver's License / State ID
Insurance

Social Security Card
DD-214 / DD-215

Birth Certificate
DD Form 256 / NGB Form 22

Emergency Contact

Name

Phone Number

Email

First Name

Last Name

Area Code Phone Number

example@example.com

Address

Relationship

Street Address

City

State

Zip Code

Military Service Information

Branch of Service

Grade and Rank (at time of separation)

Discharge Status

Honorable

Dishonorable

Describe your Occupational Specialty / Career Field

Please do not use the MOS or AFSC Codes - just use the job title

Dates of Service (Entry)



Month Day Year

Dates of Service (Exit)



Month Day Year

For the dates above, if you had a break in service, use the first date of your first term of service and the last date of your last term.

Please use the comments section below to provide the following information if any of these scenarios apply to you:

- You had a break in service (all Entry and Exit dates)
- You served in more than one branch
- There is anything in your service record you would like to disclose

Additional Comments

Substance Abuse History

Do you have a history of Substance Abuse (to include Alcohol)?

Yes

No

Client Has Used

Alcohol

Marijuana

Cocaine

Crack

Uppers

Crank

Downers

Heroin

Opiates

LSD

Methadone

Inhalants

Ecstasy

Prescription Drugs

Age you started abusing substances

Have you ever used IV?

Yes

No

Have you ever used Suboxone?

Yes

No

How did you acquire the medication?

Prescription

Other

Both

When was your last dose?

Do you smoke tobacco?

Yes

No

Do you drink Alcohol?

Yes

No

Are you currently using any kind of medication that is not prescribed to you?

Yes

No

Please list those medications below:

Medical & Mental Health History

Primary Care Doctor:

Location:

Are you currently prescribed medications?

Yes

No

List your current medications:

Please list any known medical condition:

Have you ever been tested for HIV?

Test Date:

Test Results:

Yes

No

Have you ever been tested for TB?

Test Date:

Test Results:

Yes

No

Have you ever been tested for Hepatitis C?

Test Date:

Test Results:

Yes

No

Have you ever taken part in self-mutilation (cutting, etc.)?

Yes

No

Please Explain:

Please list any known clinically diagnosed mental health conditions:

Diagnosing Doctor / Provider?

When were you diagnosed?

Employment History

Are you currently employed?

Yes

No

Company:

Occupation / Job Title:

How long employed?

**Estimated Monthly
Income:**

Company Phone Number:

Area Code Phone Number

Address of Employment:

Supervisor Name

Street Address

City

State

Zip Code

Supervisor Email:

example@example.com

Phone Number

Area
Code

Phone Number

Criminal History

Do you have any charges on your record?

Yes

No

Pending charges

Please list all charges below

Do you have any upcoming court dates?

Yes

No

When & Where?

Do you have a Parole or Probation Officer?

Yes

No

Name

Phone Number

Email

Area Code Phone Number

example@example.com

Have you ever been charged with and/or convicted as a sex offender?

Yes

No

Additional Information

Do you have a Vehicle?

Yes

No

Make, Model, Color

License Plate Number

State & County

Do you have any Pets?

Yes

No

Note: No animals other than officially registered service animals are permitted in the Tiny Homes.

Do you have a Service Animal?

Yes

No

Service Registration ID:

FAILURE TO PROVIDE AWAKE MINISTRIES WITH FULL AND ACCURATE INFORMATION MAY RESULT IN INELIGIBILITY FOR PROGRAM SERVICES. You will be required to take a drug screen upon entering the program and will be subject to both random and regular screens / breathalyzers throughout the duration of your involvement in the program. For more information regarding the Rules & Regulations of the Veterans Village, please contact Awake Ministries and ask for the Director of the Veterans Village.

The following paragraph is an authorization to release information for the purpose of verification.

By submitting this application, I, {legalName}, hereby authorize Awake Ministries to release the above provided information to conduct an investigation in accordance with state and federal law. Furthermore, I hereby authorize all pertinent offices, organizations, etc., to release information to Awake Ministries for verification purposes.

Your eligibility for services is subject to the final determination of Awake Ministries program staff. Further information and verification may be needed for acceptance into the program.

I have read, understand, and have provided all accurate information to the best of my abilities:

Signature

Today's Date



Month Day Year