VETERANS RISE

INDEPENDENT TRANSITIONAL HOUSING

Private Rooms • Shared Community • A Path Forward

COMING SOON | INSPECTIONS UNDERWAY

VETERAN HOUSING REFERRAL FORM

Please complete all available information

REFERRING AGENCY OR REFERRAL SOURCE	
Agency / organization	_____
Caseworker / contact name	_____
Phone and email	_____
Referral date / relationship	Date: _____ [ ] Self [ ] Family [ ] VA [ ] Agency [ ] Other
VETERAN INFORMATION	
Veteran full name / date of birth	Name: _____ DOB: _____
Phone and email	_____
Current housing situation	_____
Desired move-in date	_____ Emergency contact: _____
VETERAN STATUS VERIFICATION	
Verification document available	[ ] Yes [ ] No Type of document: _____
Branch of service	_____ [ ] Attached [ ] To be provided
HOUSING AND PAYMENT	
Preferred room rate	[ ] $950-$1,050 [ ] $1,051-$1,200 [ ] Any available room
Payment source	[ ] SSI [ ] SSDI [ ] Private pay [ ] VA benefit [ ] Other
Monthly amount available	$_____ Additional source: _____
INDEPENDENT HOUSING SCREENING	
Daily activities	[ ] Yes [ ] No Applicant can safely manage daily activities independently
Medications and appointments	[ ] Yes [ ] No Applicant self-manages medications, appointments, and transportation
Housing-only understanding	[ ] Yes [ ] No Applicant understands no care or supervision is provided
Shared-home expectations	[ ] Yes [ ] No Applicant can follow house rules, quiet hours, and visitor rules
ADDITIONAL INFORMATION OR HOUSING CONSIDERATIONS	
Notes	_____
	_____
Veteran / applicant signature	_____ Date: _____
Referring professional signature	_____ Date: _____

SEND REFERRALS TO: unitypathfamilyservicesinc@gmail.com

QUESTIONS: LaToya Love, Director • 980-214-6435

Submission does not guarantee placement. Acceptance is subject to verification, screening, inspections, availability, and suitability for independent shared housing.