

**BURLINGTON COUNTY
VETERANS REFERRAL APPLICATION**

NAME _____ DOB _____ SSN _____

PROSECUTOR'S FILE NUMBER _____

COMPLAINT OR WARRANT NUMBER _____

ARE YOU A VETERAN OR CURRENT SERVICEMEMBER YES NO

BRANCH OF SERVICE: _____

BURLINGTON COUNTY RESIDENT? YES NO

DATES OF SERVICE: _____

SERVICE IN COMBAT THEATER OF OPERATIONS?: YES NO

WHERE DID YOU SERVE: _____

WHAT WAS YOUR RANK: _____

NATURE OF DISCHARGE: HONORABLE DISHONORABLE GENERAL OTHER

DO YOU HAVE A CERTIFIED COPY OF YOUR DD FORM 214? YES NO (PLEASE PROVIDE COPY WITH APPLICATION)

IF "NO" WHAT STEPS HAVE YOU TAKEN TO OBTAIN YOUR DD FORM 214? _____

DO YOU HAVE OTHER DOCUMENTATION THAT VERIFIES YOUR DISCHARGE STATUS? YES NO

IF "YES" WHAT DOCUMENTATION? (PLEASE PROVIDE A COPY ATTACHED TO APPLICATION)

DID YOU SERVE IN COMBAT? YES NO WHERE? _____

ARE YOU RECEIVING VA BENEFITS? YES NO _____

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO

STATE OF ISSUE _____ D.L. NUMBER _____

CURRENT OCCUPATION OR EMPLOYER: NAME, ADDRESS, PHONE NUMBER, SUPERVISOR

MARITAL STATUS: MARRIED DIVORCED SINGLE RELATIONSHIP

DO YOU HAVE CHILDREN? YES NO IF YES HOW MANY/AGES

DO YOUR CHILDREN LIVE WITH YOU? YES NO IF NO WHERE AND WITH WHOM DO THEY LIVE?

DO YOU HAVE A MENTAL HEALTH DIAGNOSIS PROVIDED BY A CLINICIAN? YES NO

IF YES EXPLAIN: _____

PHYSICIAN: _____

DATE OF DIAGNOSIS: _____

CURRENT MEDICATIONS: _____

HAVE YOU BEEN DIAGNOSED WITH ANY OF THE FOLLOWING:

POST TRAUMATIC STRESS DISORDER (PTSD) WHEN? _____

TRAUMATIC BRAIN INJURY? WHEN? _____

MILITARY SEXUAL TRAUMA? WHEN? _____

SERVICE RELATED PSYCHOLOGICAL OR SUBSTANCE ABUSE? WHEN? _____

IF YOU HAVE NOT BEEN DIAGNOSED BY A CLINICIAN DO YOU HAVE A SUSPECTED MENTAL HEALTH ISSUE?

PLEASE SPECIFY:

HAVE YOU EVER ATTENDED TREATMENT? (AGENCY, ADDRESS, THERAPIST NAME)

(PLEASE LIST ALL INPATIENT AND OUTPATIENT FACILITIES OR HALF-WAY HOUSES)

DO YOU HAVE A HISTORY OF SUBSTANCE ABUSE? YES NO IF YES, EXPLAIN:

(PLEASE INCLUDE SUBSTANCES ABUSED, FREQUENCY OF USE, AGE WHEN BEGAN USE, LAST USE):

HAVE YOU EVER BEEN ARRESTED, CHARGED, CONVICTED, CITED OR HELD BY ANY LAW ENFORCEMENT OR JUVENILE AUTHORITIES IN THE UNITED STATES REGARDLESS OF WHETHER THE CHARGE WAS DROPPED OR DISMISSED OR YOU WERE FOUND NOT GUILTY OR WHETHER THE RECORD HAS BEEN EXPUNGED OR SEALED OR OTHERWISE STRICKEN FROM COURT OR POLICE RECORDS, ON ANY OCCASION, OTHER THAN THIS ARREST? NO YES IF YES, EXPLAIN: (INCLUDE NATURE OF ARREST, DATE WHEN ARRESTED, THE JURISDICTION WHERE YOU WERE ARRESTED, AND THE DISPOSITION OR OUTCOME OF YOUR CASE).

ARE YOU CURRENTLY ON BAIL ON ANY OTHER CRIMINAL MATTER IN THIS OR ANY OTHER JURISDICTION? YES NO IF YES, EXPLAIN: _____

BY SIGNING THIS APPLICATION, I AM INDICATING THAT I HAVE READ, OR HAD READ TO ME AND FULLY UNDERSTAND THE VETERANS APPLICATION DESCRIPTION. I UNDERSTAND AND AGREE THAT I AM VOLUNTARILY APPLYING TO THIS PROGRAM AND WILL WORK WITH MY LAWYER AND ANY MENTOR ASSIGNED TO ME TO SUCCESSFULLY COMPLETE TREATMENT AND ALL CONDITIONS NECESSARY TO COMPLETE THE PROGRAM SUCCESSFULLY.

SIGNATURE: _____ DATE: _____