

CWM VA HUD-VASH APPLICATION

(Housing and Urban Development-VA Supportive Housing)

Note that all HUD-VASH applicants must

- Be eligible and registered in the VA Health Care System
- Be currently homeless
- Not be on the lifetime Sex Offender Registry
- Require case management services
- Meet certain income restrictions

Please include the following with your application: (please check off)

_____ DD214

_____ copy of your Social Security card

_____ income verification letter(s) from VBA, Social Security,
employment (4 consecutive pay stubs), etc.

_____ photo ID

_____ birth certificate

_____ 3 months all bank statements, cash apps or copy of direct express card

If you will be housing anyone besides yourself, you *must* also include:

_____ copies of Social Security cards for any other household members

_____ copies of birth certificate(s) for any other household member

_____ income verification letter(s) for anyone else in the household

Are you interested in Gordon Mansfield?
(only single male household)

If yes, which location(s)?

Yes **No**

_____ Leeds

_____ Agawam

_____ Pittsfield

Please send completed applications to the nearest location:

VA CWM Leeds
421 N. Main St.
Building 9A
Leeds, MA 01053
VA cell: 413-588-4258
FAX: 413-788-5784
Attn: Luz E. Marcano
Luz.Marcano@va.gov

Springfield OPC
25 Bond St.
Springfield MA 01104
VA cell: 413-588-4258
FAX: 413-788-5784
Attn: Luz E. Marcano
Luz.Marcano@va.gov

Pittsfield OPC
78 Center Street.
Pittsfield, MA 01201
VA Cell:413-387-3459
FAX:413-447-8825
Attn: Phyllis Lutsky
Phyllis.Lutsky@va.gov

Worcester OPC
403 Belmont St.
Worcester, MA 01605
VA Cell: 413-885-2584
FAX: 508-425-2604
Attn: Carol Ward
Carol.Ward@va.gov

VA CWM HUD VASH Vision Statement

We are a cohesive team that provides Veteran centered care that respects and appreciates the diversity of all.

We do this by sharing a commitment to:

- Identification of shared values and goals
- collaboration
- continuous personal and professional evolution
- ongoing education
- cultural humility

And by offering each other and our Veterans:

- respectful language
- careful listening
- humor
- compassion
- supportive actions
- attention to the importance of diversity
- concerted and specific efforts to ensure a safe and inclusive environment for all

Date _____

Received: _____

For CWM HUD-VASH Team only:

Application Received by: _____

Date Screened: _____

Date Vouchered: _____

CWM VA HUD-VASH APPLICATION

Name: _____

Date: _____

Phone: _____ DOB: _____

SSN: _____

Preferred name: _____ Gender: _____

Race: _____

Preferred pronouns: _____ Ethnicity: _____

Where are you staying now? _____ How long? _____

Name of referring provider: _____ Phone: _____

Financial Information

Employer: _____ Pay Rate _____ (circle) FT or PT

VA Service Connection? Yes No If yes, monthly amount _____

VA Non Service Connected Pension: Yes No If yes, monthly amount _____

SSI, SSDI: Yes No If yes, monthly amount _____

Massachusetts Chapter 115 Veterans' benefits: _____

Other income: _____ Debts related to rent or utilities: _____

Household Composition

Will you be housing anyone other than yourself? Yes No

Name: _____ Relationship: _____ DOB: _____ Income/Source: _____

Name: _____ Relationship: _____ DOB: _____ Income/Source: _____

Name: _____ Relationship: _____ DOB: _____ Income/Source: _____

**** PLEASE NOTE: Social security cards, proof of income and birth certificates MUST be included in this application for each individual to be housed (household members birth certs required)**

Do you have an animal? (is this a certified Service animal or Emotional Support animal Y/N) _____

Case Management

What is your need for ongoing case management services? Please check all of the following that are applicable to your situation and potential service needs:

Mental Health Substance Abuse Medical Budgeting Transportation Other

Will you accept ongoing HUD-VASH case management services to support your housing?

Yes No

HOUSING HISTORY WORKSHEET

How long have you been homeless? _____

How many separate episodes of homelessness have you had over the last three years?

One Two Three Four Other: _____

Do you own a home? Yes No Is your home in foreclosure? Yes No

Current living situation:

Where do you live? _____

How long have you been living there? _____

Three Year Housing History

Most Recent Previous Location:

Where did you live? _____

Move in date: _____ Move out date: _____

Reason for leaving: _____

Next Previous Location:

Where did you live? _____

Move in date: _____ Move out date: _____

Reason for leaving: _____

Next Previous Location:

Where did you live? _____

Move in date: _____ Move out date: _____

Reason for leaving: _____

Next Previous Location:

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Move in date: _____ Move out date: _____

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