



North Valley Stand Down Association

1325 Pine Street, Redding, CA 96001 (530) 209-4306

Stand Down Application

Last Name First Name Middle Name

Social Security Number Service Number

Branch of Service From: _____ To: _____

Birth Date Home State

Message Address City State Zip Code Message Phone

Have you attended Stand Down Before? Yes _____ No _____ Where? _____ When? _____

Height Weight Color Hair Color Eyes Sex M _____ F _____ Highest Grade Completed _____

Ethnicity: White _____ Black _____ Asian _____ Hispanic _____ Native American _____ Other _____

Usual Occupation: _____ Last Wage: _____ Date Last Employed: _____

How Long Have You Been Homeless? Years _____ Months _____

Did You Serve In A War Zone? Yes _____ No _____ Where? _____

Current Medical Problems: Dental _____ Hearing _____ Vision _____ Feet _____ Skin _____ Drug _____

Internal _____ Alcohol _____ PTSD _____ Other Emotional _____ Other _____

Do You Need Help With Outstanding Warrants? Yes _____ No _____ Other Legal Problems? _____

Describe The Nature Of Your Legal Problems: _____

Do You Want Your Legal Case Heard At Stand Down? Yes _____ No _____

Do You Have A Child Support Case Being Administered By Shasta County D.C.S.S.? Yes _____ No _____

Will Any Dependent Family Member Be Attending With You? Yes _____ No _____

(If Yes, Please Complete The Family Application On The Back Of This Page.)

Does Your Family Member Want A Legal Case Heard At Stand Down? Yes _____ No _____

Services Received At Stand Down

<u>Services</u>	<u>Services</u>	<u>Services</u>
Medical	Clothing	Legal
Dental	Showers	Taxes
Hearing	Haircuts	Employment
Vision	Food	V.A. Benefits
Counseling	I.D.	Chaplain
AA/NA	Social Services	Other

Appointments After Stand Down

<u>Agency</u>	<u>Date</u>	<u>Time</u>	<u>Address</u>	<u>Counselor</u>
Vet Center				
V.A.M.C. Appt.				
V.A.M.C. Alcohol/Drug Treat.				
V.A. Regional Office – Benefits				
Employment Development Dept.			1325 Pine Street Redding	
Legal				
Taxes				
Shelter / Recovery Home				
AA/NA 12 Step Group				
Other				

Family Member Application

Veteran _____
Last Name First Middle Social Security Number

Spouse _____
Last Name First Middle Social Security Number

Name of Child	Boy/Girl	Age	Birthplace

Name Of Interviewer Place Of Interview Date

I do hereby hold harmless and release from responsibility, the North Valley Stand Down Association, NOVA, the VVA, County of Shasta and other support and service providers, for any and all injury to myself and any members of my family, be it self-inflicted, or as a result of others, while a participant in Stand Down. I acknowledge that I understand that all information collected on this form is confidential and will only be used for the purpose of Stand Down. This information may be shared with other service providers at Stand Down but will not be shared with anyone else.

Signature of Veteran Date

Veteran Status Verified Yes _____ No _____ Initials _____