



# Initial Application

## Grant Per Diem Case Management Program

The goal of the Grant Per Diem (GPD) case management program is to promote housing stability among Veteran families who reside in or are transitioning to permanent housing. Additionally, the GPD Program is designed to provide the following services: outreach, case management and assistance in obtaining VA benefits, assistance in obtaining and coordinating other public benefits available in the community.

**To qualify for services the following conditions must be met:**

- Must be a Veteran
  - Proof of Veteran status is required (ie: DD214, VA ID card, SQUARES, etc.)
- Housing Situation:
  - Is in Permanent Housing but struggling to maintain or stabilize in housing long-term.
  - Is homeless but scheduled to become a resident of permanent housing and is referred by a GPD transitional shelter, or referred by the VA’s Healthcare for Homeless Veterans (HCHV) or Contracted Residential Services (CRS) Program

**Verification needed:**

- Application (completed in full)
- DD-214 or other approved Veteran Status documentation
- Picture ID for Adults, SSN or Birth Certificate for all family members under 18
- If applicable, proof of eviction and current lease
- Copy of SNAP benefits or any other assistance programs

**For Office Use Only**

If veteran is actively enrolled in SSVF or HUD/VASH they are not eligible for GPD.

Can Veterans needs be met in this program? Yes No If not, why? \_\_\_\_\_

Based on initial assessment, is it appropriate to enroll the Veteran in the program and why?  
\_\_\_\_\_  
\_\_\_\_\_

Date of First Contact: \_\_\_\_\_ Date of Interview: \_\_\_\_\_ Date of admission: \_\_\_\_\_

Time of admission: \_\_\_\_\_ Referral Agency or Person: \_\_\_\_\_

Email of referring agency or person: \_\_\_\_\_ Phone: \_\_\_\_\_

Method of Arrival: \_\_\_\_\_



# Initial Application

Volunteers of America Northern Rockies shall not discriminate because of race, color, religion, sex, disability, familial status, national origin, creed, marital status, age and regardless of sexual orientation or gender identity of applicants and residents.

## Veteran Information:

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Family Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_  
Other: \_\_\_\_\_

Children/Dependents: Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes, list ages: \_\_\_\_\_)

Military Discharge Status (Include eligibility documentation): \_\_\_\_\_

## Housing Status (circle one):

Literally homeless  
(HUD definition)

Veteran Receiving  
HUD-VASH subsidy

Veteran renting with  
non-VA subsidy

Emergency shelter

Housing owned by  
the veteran

Housing owned by  
the veteran with  
ongoing subsidy

Doubled-up with  
family or friends

Hotel/motel

Domestic Violence  
Shelter

Needs related to Housing status: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



# Initial Application

## Employment History:

Employment History	Date Began	Date Ended	Type of Employment

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where? \_\_\_\_\_

## Financial Status:

Do you receive any of the following incomes: VA disability, VA retirement, Social Security Income, Social Security Disability Income? (If “yes” complete income verification form)

Yes: \_\_\_\_\_ What: \_\_\_\_\_

No: \_\_\_\_\_ Source of financial support: \_\_\_\_\_

Household income for last year: \_\_\_\_\_ Dependents: \_\_\_\_\_

Are you receiving financial assistance from any other program or agency? Yes No

If yes please describe: \_\_\_\_\_

\_\_\_\_\_

## Education and Skills:

Highest level of education completed: (Circle one)

High School  
Diploma

GED

Some College

Associates Degree

Bachelor’s Degree

Master’s Degree

Specialty  
certification  
training

Please list education, specialty training, or credentials

Description:	Year achieved:	Credentials current: Y/N

Do you have a current resume: \_\_\_\_\_ (if yes please provide a copy)



# Initial Application

**Describe why you require case management services from Volunteers of America Northern Rockies:**

---

---

---

---

---

---

---

---

I, (print name) \_\_\_\_\_, agree to have any information beneficial to the successful completion of my program shared with the professional agencies Volunteers of America Northern Rockies works with. (All information is considered confidential and only shared when the case manager finds it necessary for completion of goals.)

I understand that I will be given the opportunity to review and sign any release of information regarding any of my shared information necessary to the completion of my goals while enrolled in the program.

If I have any concerns about my acceptance or dismissal from the program I will review and follow my Veteran Bill of Rights and any grievance procedures as appropriate.

Veteran Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_