



lzphoenix.org

RALLY POINT CEDAR VALLEY VETERANS

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Waverly, IA 50677

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LZ Phoenix Intake Application

Please read through these instructions and eligibility requirements VERY carefully. We're unable to accept incomplete applications. All application items with an asterisk (*) are mandatory.

Eligibility:

- Applicants must be active duty servicemembers or have served on active duty for at least one day.
- Due to proximity to schools, applicants may NOT be registered on ANY sex offender list.
- The active duty servicemember or veteran must be the primary applicant, not a family member.
- Applicants and family members must agree to abide by all guidelines, fully participate in all program activities, and refrain from any inappropriate activity.
- Applicants and family members must be coherent and detoxified with at least seventy-two hours since their last use of alcohol or drugs.
- Applicants must be mentally and physically able to exercise proper personal hygiene and self-care, perform task assignments, and participate in all program functions within a non-medical, non-psychiatric facility.
- Applicants must be employed full-time or have an equivalent combination of job search, educational development, and/or volunteer hours within the community.

Requirements:

The following items are required for each applications submitted:

- Valid picture identification (Driver's License, student ID, state-issued identification card, etc.)
- Social Security Card (We may require Social Security Cards on each member of the household)
- Income Verification for all household members, not just those related to you
- Reporting of assets for all household members, not just those related to you
- Bank and investment statements for all household members (Last three months of bank and / or investment statements)
- All applicants must be registered through Iowa Workforce Development if currently unemployed or underemployed.

Definitions:

Income: Income is any amount of money or goods you receive on a regular or periodic time frame. Examples include wages, child support, Social Security, pension, college loans, interest, grants, alimony, odd jobs for cash, babysitting, FIP, etc. For the purposes of this application, list anything you might question as being income or not.

Assets: Items of ownership that is convertible into cash. Examples include cash, notes and accounts receivable, securities, inventories, goodwill, fixtures, machinery, real estate, collectibles, motor vehicles, weapons, etc. For the purposes of this application, list anything you might question as being an asset or not.

Application Date*

Date Received by Rally Point CVV

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Identifying Information

Last Name*	First Name*	Middle Name*
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Home Phone Number*	Work Phone Number	Cell Phone Number
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Date of Birth* (mm/dd/yyyy)	Social Security Number*	State ID Number
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Current Address*	Current City*	Current State & Zip Code*
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How long have you lived at this address?*	E-mail Address	Gender*
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If Homeless, Most Recent Address	Last City	Last State & Zip Code
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How long did you live at that address?
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What barriers, if any, keep you from maintaining safe, sustainable housing? (be specific)

Marital Status (Circle One)*
Never Married Married Divorced Separated Widowed

Legal Status (Circle One)*
Voluntary Involuntary- Civil Involuntary- Criminal Probation Parole Jail/Prison

Are you in the United States legally? (Circle One)*
Yes No

Living Arrangement (Circle One)*			
Alone	With Relatives	With Unrelated Persons	Other (Explain)

Current Residential Arrangement (Circle One)*		
Private Residence	Homeless/Shelter/Street	Other (Explain)

Referral Source (Circle One)*		
Self	Family/Friend	Case Management
Central Point of Coordination	Community Corrections	Social Service Agency
County Veterans Affairs	Other (Explain)	

Education

High School Diploma? (Circle One)*		GED (Circle One)*		2-year College Degree or Certificate (Circle One)*		4-Year College Degree (Circle One)*	
Yes	No	Yes	No	Yes	No	Yes	No

Degree(s) / Certificate(s) Received

Criminal Background

A background investigation will be conducted on each applicant and family member to ensure the safety of those already in the home. The findings of this investigation do not necessarily make you ineligible for entry. If there anything that will be found on the investigation that will warrant further explanation? If so, please explain.

Have you or any member of your party ever been found guilty of a crime? (Circle One)*	If so, whom and how many times?
Yes	No

Name of Convicted, Criminal Conviction and Sentence Requirements:

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Are you or any member of your party on: (circle all that apply)
Probation Parole Drug Court Court Mandated

If court mandated, please explain:

If yes to the question above, what are the names, addresses and telephone numbers of your probation/parole officers?

Are you or any member of your party mandated to complete a recovery program?*	Have your or any member of your party ever been convicted of a violent crime?*
Yes No	Yes No

Are you or any member of your party a sex offender?*	Have you or any member of your party ever been convicted of a crime involving children or the elderly?*
Yes No	Yes No

Do you or any member of your party have any pending charges?*	Date of alleged offense:
Yes No	

If yes to the above question, who are the charges against and what are the charges?

Military Service Details

Branch of Service*	Additional Branch of Service	Additional Branch of Service
Type of Discharge*	Additional Type of Discharge	Additional Type of Discharge
Date Entered Active Duty Service*	Date Entered Active Duty Service	Date Entered Active Duty Service
Date Left Active Duty Service*	Date Left Active Duty Service	Date Left Active Duty Service
Separation Code*	Separation Code	Separation Code
Reentry Code*	Reentry Code	Reentry Code
Narrative Reason for Separation*	Narrative Reason for Separation	Narrative Reason for Separation

Employment History (list starting with the most recent to those in the last five years. Use another sheet if more space is required)*

Current Employer (if any)	Current Position	Date Started at this Employer
Duties	Hourly Wage \$	Number of Hours Worked Weekly
Previous Employer	City / State	Job Title
Duties	Date Started at this Employer	Date Ended at this Employer

Previous Employer	City / State	Job Title
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Duties	Date Started at this Employer	Date Ended at this Employer
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Veterans Affairs Benefit Information

Have you applied for VA Compensation / Disability (Circle One)* Yes No	Have you been awarded a VA Pension? (Circle One)* Yes No	Are you currently enrolled in VA Healthcare? (Circle One)* Yes No
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What VA Compensation / Disability disabilities have you been awarded, if any?

What VA Compensation / Disability disabilities have you been denied?

What is your current VA Compensation / Disability award percentage? %	What is the monetary amount you receive monthly for any and all VA Benefits? \$
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Other Assistance

Have you applied for any of the public programs listed? (Circle all that apply)*		
Social Security	Social Security Disability	Medicaid
DHS Food Assistance (food stamps)	Energy Assistance	Supplemental Social Security
Family Investment Program	Medicare	Unemployment
Assurance Wireless Cellphone	Other (Explain)	None

Have you applied for any of the local resources listed? (Circle all that apply)*		
St. Mary's Catholic Church, Waverly	Imaculate Conception Church, Sumner	Northeast Iowa Community Action
Waverly Salvation Army	None	

Pertinent Medical Information

Type of Health Insurance (Circle all that apply)*

Private Pay	Private Insurance	Healthcare Spending Account	Medicare A, B, and/or D
Medicaid	Family Planning Only	Medically Needy	MEPD
HAWK-I	VA Healthcare	No Insurance	

Health Care Company Name

Health Care Company Address

Health Care Company City & State

Health Care Company Zip Code

Health Care Company Phone Number

Health Care Policy Number

Name of Primary Care Physician

Practice Name

Primary Care City & State

Primary Care Physician's Phone Number

Date of your last physical exam:

Name of your Current Pharmacy

City & State

Phone Number

Have you or any member of your party ever attempted suicide?

If so, who attempted suicide and when?

Yes

No

Have you or any member of your party ever had any of the following? (circle all that apply)

Seizures

Heart Disease

Diabetes

Vision Problems

Respiratory Problems

Hepatitis

Hearing Problems

Tuberculosis

High Blood Pressure

Back Injury

Problems Standing or Lifting

Sexually Transmitted Disease

Current Health Conditions for the Veteran:

Current Prescription Medications for the Veteran:

Current Health Conditions for the Spouse or Significant Other

Current Prescription Medications for the Spouse or Significant Other

Current Health Conditions for all other members of the family (include first names next to the list of conditions)

Current Prescription Medications for all other members of the family (include first names next to the list of medications)

Do any members of the family have any allergies to food, medications, etc.? If so, who has them and what is the specific allergy?

Have you or any member of your party ever used or are currently using any of the following substances? (circle all that apply)*

Cocaine

Heroin

Nicotine

Methamphetamine

Marijuana

Alcohol

Ecstasy

Prescription Drugs in a way that has not been prescribed by your doctor

Other

None of the Above

If "Other," please explain:

When was the last time you used?

How many treatment facilities have you attended?
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How many treatment facilities have you completed?

Disability Group / Primary Diagnosis (Circle all that apply)					
Mental Illness	Chronic Mental Illness	Mental Retardation	Developmental Disability	Substance Abuse	Brain Injury

Specific Diagnosis Determined By:	Date Diagnosed
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Guardian / Conservator / Protective Payee appointed by the court? (Circle all that apply)*				
Guardian	Conservator	Fiduciary	Protective Payee	None

If other than "None," above, enter their information here:

Name	Address	City
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State	Zip Code	Phone Number
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Others in Household (All other members of the household are required to be listed whether they are related to you or not) (attach additional sheets if necessary)*

Full Name	Date of Birth (mm/dd/yyyy)	Relationship
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Full Name	Date of Birth (mm/dd/yyyy)	Relationship
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Full Name	Date of Birth (mm/dd/yyyy)	Relationship
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Full Name	Date of Birth (mm/dd/yyyy)	Relationship
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Pet Information

Do you own a pet?*		Do you own a service animal?*		If yes, what type of pet do you own? (Circle all that apply)			
Yes	No	Yes	No	Bird	Cat	Dog	Lizard
				Other			

Is the pet or animal legally yours?		Do you have a current shot record for your pet or service animal?	
Yes	No	Yes	No

Who does your pet or animal interact well with? (Select all that apply)						
Babies	Cats	Children	Dogs	Men	Other People	Women
Other: _____						

Who does your pet NOT interact well with or you are unsure whether they interact well with? (Select all that apply)						
Babies	Cats	Children	Dogs	Men	Other People	Women
Other: _____						

Are you experiencing any behavior issues with your pet? If so, what are they? (Chewing, jumping, barking, aggression, etc.)

Does your pet have or ever had any health problems? If so, what are they?

Are there any comments you would like to make regarding your pet or animal?

Gross Monthly Income (before taxes) for Veteran (All fields are required. If \$0.00 enter it as such)*

Social Security \$	Social Security Disability \$	Supplemental Social Security \$
Veteran's Benefits \$	Employment Wages \$	Family Investment Program (FIP) \$
Child Support \$	Rental Income \$	Dividends, Interest, Etc. \$
Pension / IPERS \$	Other \$	Other \$

Gross Monthly Income (before taxes) for everyone else in the household (All fields are required. If \$0.00, enter it as such)*

Social Security \$	Social Security Disability \$	Supplemental Social Security \$
Veteran's Benefits \$	Employment Wages \$	Family Investment Program (FIP) \$
Child Support \$	Rental Income \$	Dividends, Interest, Etc. \$
Pension / IPERS \$	Other \$	Other \$

If you answered "\$0.00" to the previous two questions, how do you pay your monthly bills?

List any gambling winnings or losses within the last five years. Specify the approximate date, locations and amounts of the winnings or losses.

Household Resources (All fields are required. If \$0.00, enter it as such)*

Cash	
\$	
Checking Account	Bank, Trustee or Company Name
\$	
Savings Account	Bank, Trustee or Company Name
\$	
Certificates of Deposit (CD's)	Bank, Trustee or Company Name
\$	
Trust Funds	Bank, Trustee or Company Name
\$	
Stocks & Bonds (cash value)	Bank, Trustee or Company Name
\$	
Burial Fund / Life Insurance (cash value)	Bank, Trustee or Company Name
\$	
Retirement Funds (cash value)	Bank, Trustee or Company Name
\$	
Other	Bank, Trustee or Company Name
\$	
Other	Bank, Trustee or Company Name
\$	

Assets (Car, truck, motorcycle, boat, recreational vehicle, etc.)

Does anyone in the household own or have interest in any type of motor vehicle?*	
Yes	No

Type, Make, Model & Year	Estimated Value
	\$

Type, Make, Model & Year	Estimated Value
	\$

Type, Make, Model & Year	Estimated Value
	\$

Type, Make, Model & Year	Estimated Value
	\$

Type, Make, Model & Year	Estimated Value
	\$

Do you or anyone in the household own or have interest in the following (Circle all that apply):*	
Nobody in the household owns or has interest in any of the following	
Any other real estate or land	Firearms
House including the one you live in	Video game system(s)
Money owed to you by another party	Smartphone(s) and/or Tablet(s)
Other	
If yes to the above question, please explain here:	

Have you sold or given away any property in the last five years? If yes, what did you sell or give away and specify the value of each item.*

List any gambling winnings or losses within the last five years. Specify the approximate date, locations and amounts of the winnings or losings.*

Household Monthly Expenses (All fields are required. If \$0.00, enter it as such)*

Rent \$	Paid To
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Mortgage \$	Paid To
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Other Fees Associated with Rent \$	Paid To
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Rental Insurance \$	Paid To
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Homeowners Insurance \$	Paid To
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Electricity / Gas \$	Paid To
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Sewer / Water / Trash \$	Paid To
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Land line Phone \$	Paid To
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Cellular Phone \$	Paid To
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Cable / Internet \$	Paid To
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Car Payments \$	Paid To
Vehicle Insurance \$	Paid To
Other Transportation Costs \$	Paid To
Life Insurance \$	Paid To
Health Insurance \$	Paid To
Credit Card Payments \$	Paid To
Student Loan Payments \$	Paid To
Other Loan Payments \$	Paid To
Day Care \$	Paid To
School Tuition / Fees / Books \$	Paid To
Prescription Medications \$	Paid To
Personal Items / Care \$	Pet Costs \$
Entertainment Costs \$	Groceries \$

Eating Out \$	Child Support \$
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Alimony \$	All other expenses not listed \$
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Explain all other expenses not listed

Do you currently have expenses or bills that you are not currently paying on? (Circle One)*	
Yes	No

If yes, provide details for each bill or expense that you are not currently paying on including who the creditor is, the amount of the debt and the reason you're not currently paying on it.

Signature and Verification of Information

Is someone other than the veteran completing this application? (Circle One)*	
Yes	No
If yes, please provide the complete name, address and telephone number of the individual completing this application	

As a signatory of this document, I certify that the above information is true and complete to the best of my knowledge and I authorize the Rally Point Cedar Valley Veterans staff to verify the information provided including verification with the federal government, Iowa county government and the State of Iowa Department of Human Services (DHS) staff.

I understand that the information gathered in this document is for assuring the appropriateness of services requested and in confirming legal settlement. I understand that information in this document will remain confidential.

Further, I understand that if I knowingly omit information or perjure myself, Rally Point Cedar Valley Veterans has the right to retrieve its monies by any means necessary.

Veteran Signature Date Completed

By signing my full given name, I certify that I am not the applicant listed above but am filling this application on his or her behalf.

Signature Date Completed

Full Name