

**Goodwill Industries of Central Illinois, Inc.  
Home for Veterans**

**APPLICATION**

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Gender:**     Male     Female

**Are you a Veteran of the United States Military?**     Yes     No

**Race:**    White     African-American     Asian-American     Hispanic  
           Native American     Multi-Racial

**Last Permanent Address:** \_\_\_\_\_  
\_\_\_\_\_

**How long have you been homeless?** \_\_\_\_\_

**Where are you currently sleeping?** \_\_\_\_\_

**Reason for Homelessness:** Check the last major crisis.

- |   |  |
|---|--|
| <input type="checkbox"/> Release from the Department of Corrections | <input type="checkbox"/> Foreclosure of Home                 |
| <input type="checkbox"/> Alcohol/Substance Abuse                    | <input type="checkbox"/> Release from Mental Health Services |
| <input type="checkbox"/> Unable to Find Work                        | <input type="checkbox"/> Loss of Job                         |
| <input type="checkbox"/> Family Dispute                             | <input type="checkbox"/> Divorce                             |
| <input type="checkbox"/> Separated from Spouse                      | <input type="checkbox"/> Domestic Abuse                      |
| <input type="checkbox"/> Transitory                                 | <input type="checkbox"/> Eviction                            |
| <input type="checkbox"/> Substandard Housing                        | <input type="checkbox"/> Fire                                |
| <input type="checkbox"/> Other _____                                |  |

**Marital Status:**    Single     Married     Divorced     Legally Separated

**Education:**    No High School     Some High School     High School Graduate  
                   Some College     College Graduate

**Income Sources:** Check all that apply.

- |   |   |  |                              |
|---|---|--|------------------------------|
| <input type="checkbox"/> Full Time Employment | <input type="checkbox"/> Part Time Employment | <input type="checkbox"/> Social Security | <input type="checkbox"/> SSI |
| <input type="checkbox"/> Social Security      | <input type="checkbox"/> Spouse's Income      | <input type="checkbox"/> TANF            | <input type="checkbox"/> SSD |
| <input type="checkbox"/> Other _____          | <input type="checkbox"/> None                 |  |                              |

Please indicate the total of your monthly income. \$ \_\_\_\_\_

Are you currently receiving LINK food funds?  Yes  No

If yes, indicate your total of monthly LINK food funds. \$ \_\_\_\_\_

**Services Needed:** Check all the services you need to alleviate your current situation.

- Supportive Housing       Counseling       Access to Medical Care
- Employment Training       Job Placement Services       Access to Legal Services
- Transportation       Clothing/Food       Substance Abuse Treatment
- Independent Living Skills Training
- Access to Mental Health Services

**Do you have:**  Valid State ID     Social Security Card     Birth Certificate     DD214

**Have you every been convicted of a crime?**       Yes     No

**If yes, please explain.** \_\_\_\_\_

\_\_\_\_\_

**Referral Source:**

- The Veteran's Administration       Danville Veteran's Hospital
- The Veteran's Commission       Friend
- Family Member       Police
- Homeless Shelter       Legal System
- Local Media Coverage       Goodwill Store
- Illinois Department of Veteran's Affairs
- Social Service Agency-Name of Agency \_\_\_\_\_
- Other \_\_\_\_\_

I understand that by my signature, I am verifying that the above information is truthful and requesting services for myself. I understand that by my signature, I consent to the above information being used by Goodwill Industries of Central Illinois, Inc. for the purpose of screening applicants for admission into their Home for Veterans. In the event that I have misrepresented myself, my lease and occupancy agreement will be terminated.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date