NC Balance of State Veteran Outreach Form

Agency Name		**Date**		/		/		

Veteran Name	

Social Security Number

		-			-			

Date of Birth (e.g., 02/17/1978)

		/		/			

Is the client a US Military Veteran?   ☐ Yes   ☐ No

Does the veteran have a copy of their DD214?   ☐ Yes   ☐ No

Date of Veteran identification

		/		/			

Race - The selection of more than one race is permitted.

☐ American Indian or Alaska Native   ☐ White
☐ Asian   ☐ Client doesn't know
☐ Black or African American   ☐ Client refused
☐ Native Hawaiian or Other Pacific Islander

Ethnicity

☐ Non-Hispanic / Non-Latino   ☐ Client doesn't know
☐ Hispanic / Latino   ☐ Client refused

Gender

☐ Female   ☐ Doesn't identify as male, female or transgender
☐ Male   ☐ Client doesn't know
☐ Transgender male to female   ☐ Client refused
☐ Transgender female to male

County of Service		**Household Size**	

1

Has the Veteran been identified as Chronically Homeless (in emergency shelter or on the streets for 12 consecutive months or at least 4 times in at least 3 years that add to 12 months, and has a disabling condition)?

☐   Yes   ☐   No

⬇

[IF YES] Is chronic verification attached?   ☐   Yes   ☐   No

Has the Veteran been identified as long-term homeless (same length of time homeless as chronic homelessness but spent some time in transitional housing or does not have a disabling condition)?

☐   Yes   ☐   No

⬇

[IF YES] Is long-term verification attached?   ☐   Yes   ☐   No

VI-SPDAT Score	

Is this Veteran unsheltered and therefore needs to be outreached immediately?   ☐   Yes   ☐   No

Veteran Contact Information

Phone Number	
Email	
Other	

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Only complete the following questions if the Veteran has been offered Permanent Housing (rapid re-housing, permanent supportive housing, or another program in which the Veteran will hold a permanent lease).

Has a Permanent Housing offer been made?   ☐ Yes   ☐ No

⬇

[IF YES] Date of Permanent Housing offer: ☐☐ / ☐☐ / ☐☐☐☐

Was the offer of Permanent Housing accepted?   ☐ Yes   ☐ No

⬇

[IF YES] Date Permanent Housing offer accepted: ☐☐ / ☐☐ / ☐☐☐☐

⬇

[IF NO] Date Permanent Housing offer declined: ☐☐ / ☐☐ / ☐☐☐☐

If the Permanent Housing offer was declined, is the Veteran entering Transitional Housing in to address clinical need?

☐   Yes   ☐   No