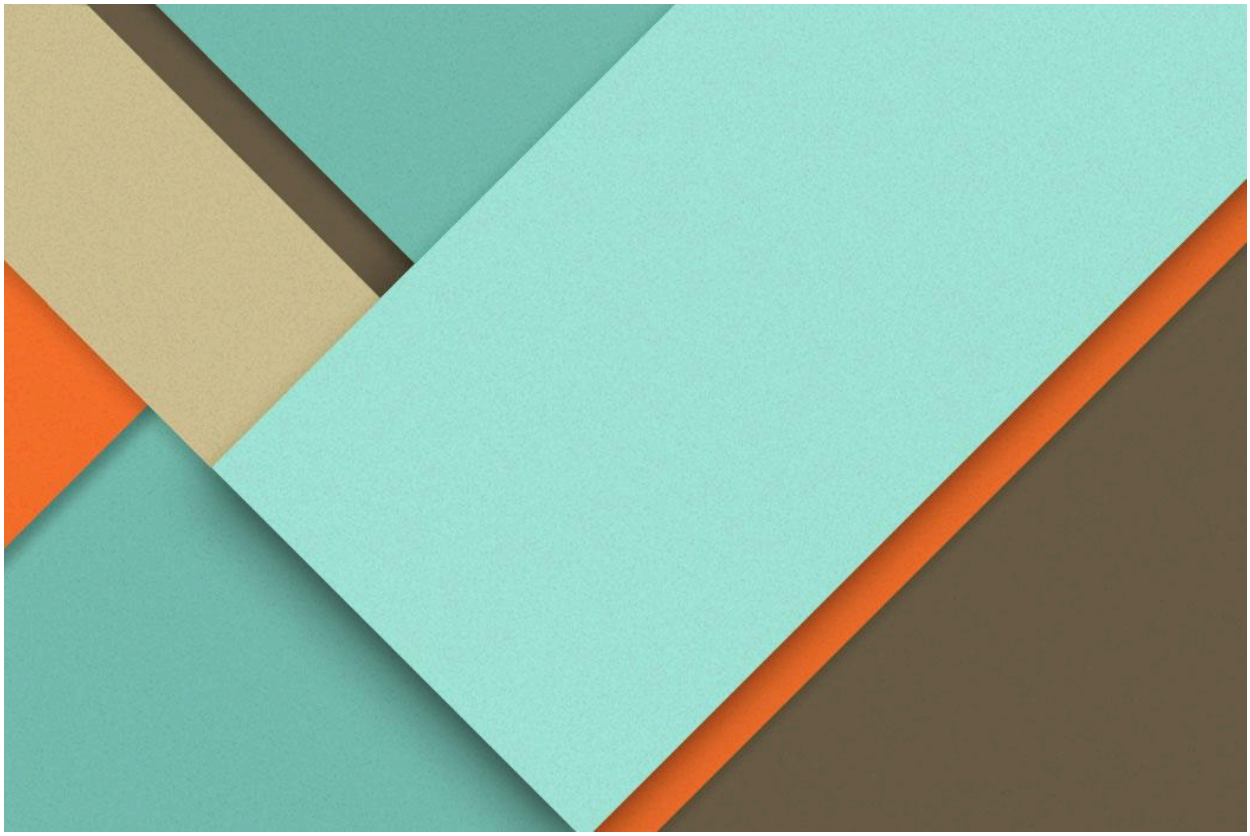

Veteran Program

03.10.2026

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One Step One Direction Inc.,

REFERRING AGENCY INFORMATION

Organization Name:
Contact Person:
Title:
Phone:
Email:

PARTICIPANT INFORMATION

Full Name:
Date of Birth:
Age:
Gender:
Phone Number:
Emergency Contact Name:
Emergency Contact Phone:

REFERRAL REASON

Please check the appropriate category:

☐ Homeless
☐ Low cost rental housing
☐ Need of Resources
☐ Other: _____

CURRENT HOUSING STATUS

☐ Homeless
☐ Temporary Housing
☐ Unsafe Living Situation
☐ Other: _____

STABILITY ASSESSMENT

The referring agency confirms the participant:

☐ Is medically stable
☐ Can perform independent daily living
☐ Does not require medical supervision

SERVICE NEEDS

☐ Transitional Housing
☐ Employment Support
☐ Counseling Referral
☐ Legal Services
☐ Healthcare Services
☐ Transportation Assistance

ADDITIONAL NOTES:

REFERRING AGENCY SIGNATURE

Name:

Signature:

Date: