



NEW ENGLAND CENTER
AND HOME FOR VETERANS

EDUCATION | SUPPORT | EMPLOYMENT | HOUSING

GPD Community Based Case Management Referral Form

Provider Information

Provider Name: _____ Date: _____

Agency: _____ Title: _____

Phone#: _____ Fax#: _____ Email: _____

Veteran and Household Information

Veteran Name: _____ SS#: _____ DOB: _____

Phone #: _____ Email: _____

Family members/household: _____ # of adults: _____ # of minor children: _____

List ages of any minor children: _____

Explain any concerns about family and/or Domestic Violence/IPV:

Military Service

Branch: Army Navy Marines Air Force Coast Guard National Guard

Dates served: _____ VA eligible: Yes No Unsure

Discharge status: Honorable General Under Other Than Honorable Medical

Bad Conduct (Special court-martial) Unknown

Has GPD eligibility been confirmed in SQUARES 2.0? Yes No

Income

Total income amount: _____ check if no income

Income Source: VA Disability SSI SSDI Retirement Pension Employment

Other (if other indicate source) : _____

Housing

Is Veteran permanently housed? Yes No

If yes, address: _____

If no, where is Veteran mostly sleeping? _____

If no, what date is it expected that Veteran will be housed? _____

If no, where is Veteran planning to live? _____

If a unit has been secured, what is the address? _____

How long has or did a Veteran experience homelessness for? _____

What are some of the current or potential housing retention challenges?

Mental Health and Medical

Mental health concerns or diagnoses: _____

Substance use concerns or diagnoses: _____

Contact information of behavioral health provider(s) in the community:

Medical diagnoses/problems:

Contact information of primary care provider in the community:

Can Veteran ambulate without assistance? Yes No

If no, does Veteran use: Walker Wheelchair Other:

Can Veteran take care of their ADLs (e.g. bathing, toileting, eating, laundry, navigating public transportation, taking their medication independently)? Yes No If no, please explain:

Sex offender: No Yes (if yes) Level: 1 2 3 Lifetime registrant: Yes No

Conviction(s):

On probation or parole? Yes No Ankle bracelet Yes No

Name of PO: PO phone number:

PO station:

Stipulations of probation or parole:

Outstanding legal issues:

Reason for Referral

Explain reason for referral:

Veteran's goals:

Describe any safety concerns/risks:

Additional Information

Provide any other information which would be helpful to support housing retention:

Fax to Meredith Christensen, Director of Housing and Outreach Services at 617-371- 1756
For questions contact Meredith at 617-371-1843 or meredith.christensen@nechv.org