

Recker's Outreach LLC

Intake Form

Today's Date: _____

Client Name (including nicknames and other names used): _____

D.O.B.: _____ Social Security Number: _____ Birth City & State: _____

Child's Name, Race, Ethnicity (if applicable): _____

Address: _____

Current Street Address

City

States

Zip Code

Phone Number: _____

E-Mail: _____

Gender: _____

Ethnicity: _____

Is the client disabled? ____ Yes ____ No

Is the client a Veteran or Active Duty? ____ Yes ____ No

Branch: _____ TIS: _____ Discharge Date: _____ Discharge Reason: _____

Race: _____

Is this a female head of household? ____ Yes ____ No

Was this person/family released through the Migrant Service Support Center (MSSC)?

In the last 24-48 hours, have you experienced any of the following symptoms?

☐ Fever ☐ fatigue ☐ Cough ☐ Sneezing ☐ Aches/Pain ☐ Runny Nose
☐ Sore Throat ☐ Diarrhea ☐ Headaches ☐ Shortness of breath

Have you recently been in close contact with anyone who has exhibited any symptoms?

Have you had contact with someone who has recently tested positive for COVID-19?

Have you stayed in any other homeless shelter or transitional living facility?

If yes, which facility _____

Are you a registered sex offender? _____ If yes, what State: _____

Are You traveling through El Paso? _____ If yes, destination: _____

_____ Client Initials

_____ Owner Initials

If you are a Migrant, do you have a sponsor?

Type of Entry	Household Make-Up	Justice Involved
Walk-In	Migrant	Pre-Trail Bond
Police drop off	ICE	County Jail (past 3 months)
University Medical Center	Youth (25yrs or under)	Probation
Hospital Discharge	Elderly (60yrs or older)	State Prison/Parole
Hospital:	Justice involved	Federal Prison/Parole
Outreach	Domestic Abuse/Violence	
Other: Explain		

Presumed benefits: ☐ Elderly (62 or older) ☐ Homeless ☐ Abused Child ☐ Battered Spouse ☐
 Illiterate Adult ☐ Migrant Farm Worker ☐ Severely Disabled Adults ☐ Persons with AIDS

The information provided on this form is subject to verification by HUD at any time, and Title 18 Section 1001 of the US Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States. I hereby certify that all information within this certification is true and correct to the best of my knowledge. I authorize that this information in this document can be verified on a later date.

Signature of client or legal guardian/Parent

Date

Referred By: _____

Phone #: _____

_____ Client Initials

_____ Owner Initials

Current Living Situation		Documentation Needed
	Residing in a place not meant for human habitation (street, car, park, abandoned building)	Written information obtained from a third party regarding the client's recent whereabouts. Statements must be signed and dated.
	Residing in an emergency shelter	Written verification from emergency shelter
	Residing in transitional or supportive housing for homeless persons	Written verification from transitional housing facility
	Being evicted within two weeks for private dwelling or who have received notices of termination of utility services. No subsequent residence has been identified and lacks resources and support network needed to obtain housing	Income; Effort to obtain housing; Why, without this assistance, the client would be on the street; Either documentation of formal eviction proceedings or written statement from family evicting client
	Being discharged from a short-term stay in an institution and previously resided on the street or in an emergency shelter	Written verification from discharging institution's staff that the client has been residing in the institution for 30 days or less; Information on the previous living situation
	Being discharged from a longer stay in an institution. No subsequent residence has been identified and person lacks resources and support network needed to obtain housing	Income; Efforts to obtain housing; why, without assistance, client would be living on the street or in an emergency shelter; evidence from the institution's staff that the client was being discharged within the week before receiving homeless assistance
	Fleeing domestic violence. No subsequent residence identified, lacks resources and support network needed to obtain housing	Written, signed, and dated verification from client that he/she is fleeing a domestic violence situation
	Does the client have a pet? If so, what?	Medical records; up-to-date shot records; identification tag; proper equipment

I hereby certify that I am homeless, and that the information on the page above is true and correct to the best of my knowledge. I understand that this information is for use in determining my qualifications for a program supported in part by Federal Funds. I understand that this information may be verified later.

Client Signature

Date

Owner Signature

Date

_____ Client Initials

_____ Owner Initials

WHAT IS THE PRIMARY FACTOR YOU ARE HOMELESS	
☐ Recent loss of job/couldn't maintain housing payment	☐ Mental health problems
☐ Migrant Farm Worker	☐ Domestic abuse/violence
☐ Eviction (by landlord, not family or friend)	☐ Drug or Alcohol problems
☐ Unable to get a job	☐ Release from an institution (incarceration, hospital)
☐ Left state foster care system	☐ Violence in Juarez
☐ Loss of public assistance/aid	☐ Foreclosure
☐ Have a job and can't afford housing	☐ Rent affordability
☐ Can't keep a job because of problems such as medical, mental, etc.	☐ Family conflict
☐ Medical Health Problems	

West Texas Regional Assessment – Point in Time Information
What is your primary language?
ID Used:
How long have you lived in El Paso, TX?
How long have you been homeless?

Have you been homeless 4 or more times in the last 3 years?
Have you ever been in foster care?

Have you ever been released or discharged from any of the following in the past 3 months: ☐ Drug/Alcohol treatment ☐ Jail/Prison/Halfway house ☐ Hospital ☐ Psychiatric facility ☐ None
Where:

Have you ever been hospitalized and/or treated for a psychiatric problem
What is the client's military discharge status? ☐ Honorable ☐ General ☐ Medical ☐ Bad Conduct ☐ Dishonorable ☐ Other (explain)
Registered with the VA?
Convicted of a felony?
On probation?
On parole?
Agricultural worker?
Are you enrolled with Emergence Health Network or any other mental health service provider?
If yes, where:
In the past 12 months, did the client receive Rapid Re-Homing assistance in El paso, TX?

_____ Client Initials

_____ Owner Initials

Emergency Contact	
Name:	
Relationship:	
Phone #:	
City/State	

Living Situation	
Where did the client spend the night last night?	
	Emergency Shelter, including hotel or motel paid for with emergency shelter voucher
	Place not meant for habitation (e.g. a vehicle, an abandoned building, bus/train/airport
	Safe Haven
	Foster care home or foster care group home
	Hospital or other residential non-psychiatric medical facility
	Jail, prison, or juvenile detention facility
	Long-term care facility or nursing home
	Psychiatric hospital or other psychiatric facility
	Substance abuse treatment facility or detox center
	Hotel or motel paid for without emergency shelter voucher
	Owned by client, no ongoing housing subsidy
	Owned by client, with ongoing housing subsidy
	Permanent housing for formerly homeless persons (CoC project; HUD, or HOPWAPH)
	Rental by client, no ongoing housing subsidy
	Rental by client, with VASH subsidy (Veteran)
	Rental by client, with GPD TIP subsidy (Veteran)
	Rental by client, with other ongoing housing subsidy
	Residential project or halfway house with no homeless criteria
	Staying or living in a family member's room, apartment, or house
	Staying or living in a friend's room, apartment, or house
	Transitional housing for homeless persons (including homeless youth)
How long were you at that location	
	One night or less
	Two to six nights (7 days)
	One week or more, but less than a month
	One month or more, but less than 90 days
	90 days or more, but less than a year
	One year or longer
Approximate date homelessness started: ____/____/____	
How many times the client has been on the streets, in an emergency shelter, or a safe Haven in the past 3 years?	
	One time
	Two times
	Three times
	Four or more times
Total number of months homeless on the street, in as emergency shelter, or a Safe Haven in the past three years: In Months _____	

_____ Client Initials

_____ Owner Initials

INCOME INFORMATION			
Is the client currently receiving income from any source? If yes, enter the monthly amount next to the source below.			
Earned Income	\$	TANF	\$
Unemployment Insurance	\$	General Assistance (GA)	\$
SSI	\$	Retirement Income from SSI	\$
SSDI	\$	Pension from a former job	\$
VA Service-Connected Disability Compensation	\$	Child Support	\$
VA Non-Service-Connected Disability	\$	Alimony or other spousal support	\$
Private Disability Insurance	\$	Other Source	\$
Worker's compensation	\$		

Is the client currently receiving noncash benefits from any source?	
	Supplemental Nutrition Assistance Program (SNAP)
	Special Supplemental Nutrition Program for Woman, Infants, and Children (WIC)
	TANF Childcare Services
	TANF Transportation Services
	Other TANF funded services
	Section 8, Public Housing, or other rental assistance
	Temporary Rental Assistance

Is the client covered by health insurance?	
	Medicaid
	Medicare
	State Children's Health Insurance Program (SCHIP)
	Veteran's Administration Medical Services (VA)
	Employer provided Health Insurance
	Health Insurance obtained through COBRA
	Private pay Health Insurance
	State Health Insurance for adults
	Indian Health Services program
	Other not listed (Explain)

Health Information	
	Does the client have a physical disability?
	If yes, is the client's physical disability expected to be of long continued and indefinite duration and substantially impairs their ability to live independently?
	Does the client have a developmental disability (learning disabilities, ADHD, Autism, etc)
	Does the client have a chronic health condition?
	If yes, is the client's chronic health condition expected to be of long continued and indefinite duration and substantially impairs their ability to live independently?
	Does the client currently have HIV/AIDS

_____ Client Initials

_____ Owner Initials

	If yes, if the client's HIV/AIDS expected to substantially impair their ability to live independently?
	Does the client have a mental health condition?
	If yes, is the client's mental health condition expected to be of long-continued ad indefinite duration and substantially impairs ability to live independently?
	Does the client have a substance abuse problem?
	If yes, is the client's substance abuse problem expected to be of long duration and substantially impair their ability to live independently?
	Is the client a victim/survivor/accuser of domestic violence?
	If yes, when did the client's last episode of domestic violence Occur?
	Are you currently fleeing?

Waiver of Liability

I do hereby release the Board of Directors, any and all staff members of the Recker's Outreach LLC and any other entity whose involvement may be legally interpreted as part of such agency, from any and all liability resulting from any injuries, accidents, or other unfortunate circumstances that may arise from my client in any activity that is or is not sanction by this agency. I further attest that it is understood that simple notification to component supervisors of such activity(ies). I further attest that my entering the physical structure of this agency and participation are purely voluntary.

Client Signature

Owner Signature

Release of Information

I do hereby authorize Recker's Outreach LLC and/or outside supporting agencies to release information of a confidential nature as they deem appropriate, exercising due caution in decisions of such release, as it applies to treatment or program needs.

I also authorize the Recker's Outreach LLC and/or outside agencies to request information and receive information of a confidential nature as the deem appropriate in treatment or program needs while utilizing the facilities and programs of the above-mentioned entity.

I also understand that any requests of information of a confidential nature, not directly related to my treatment or program, from outside individuals or agencies will not be released unless necessitated by a court or request form from a law enforcement agency.

Client Signature

Owner Signature

_____ Client Initials

_____ Owner Initials

Photo Release Form

I hereby grant Recker's Outreach LLC and/or outside supporting agencies permission to use my likeness in photographs, including web-based publications, without payment or other consideration. I understand and agree that all photos will become property of Recker's Outreach LLC and/or media will not be returned.

Client Signature

Owner Signature

Enclosures:

Texas Rental Application

Milestones

Ground Rules

Employment Search Sheet

_____ Client Initials

_____ Owner Initials

RESIDENTIAL RENTAL APPLICATION

(1 per applicant)

Non-Refundable Fee: \$0

THE PROPERTY -

Type: Single Family Studio / Dorm w/ shared common space

Square Feet: 451

Bedrooms: 1

Rent Amount: Income dependent

Address: 3801 Memphis Avenue, El Paso, Texas, 79930

Pets? Yes, Pets are allowed but the renter will have to pay a non-refundable pet deposit fee per animal; \$250.00 pet fee for each pet over 40 pounds; \$200.00 pet fee for each per 20-39 pounds; & \$150.00 for each pet 0.1-19 pounds.

Smoking Allowed? No, not in residence.

Parking? Yes, in the following areas: 1 car parking off street

TENANCY

Type/Length: 3 months

Start Date: _____

LANDLORD'S DETAILS

Name: Samantha Recker

Address: 10571 Kinross Ave, El Paso, TX 79925

Telephone: (915) 275-9916

E-Mail: srecker@reckersoutreachllc.com

Will there be a Manager acting on behalf of the Landlord? No

APPLICANT DETAILS

Full Name: _____ DOB: _____ SSN: _____

Driver's License No. _____ Phone: _____

E-Mail: _____ Branch: _____ Rank: _____

Discharge status: _____

Other Occupants? ☐ Yes ☐ No

If Yes, Describe: _____

Pets? ☐ Yes ☐ No

If Yes, Describe: _____

Vehicles? ☐ Yes ☐ No

If Yes, Describe: _____

Ever Been Convicted of a Crime? ☐ Yes ☐ No

If Yes, Describe: _____

Ever Filed for Bankruptcy? ☐ Yes ☐ No

If Yes, Describe: _____

Ever Been Evicted? ☐ Yes ☐ No

If Yes, Describe: _____

CURRENT EMPLOYMENT

Company: _____ Occupation/Title: _____ How

Long? _____ Gross Income: \$ _____ (From Prior Year Tax Filing)

Street Address: _____

City: _____ State: _____ Supervisor: _____

CRIMINAL RECORD

Charge/Offense: _____ Date: _____ (Current/Inactive)

Charge/Offense: _____ Date: _____ (Current/Inactive)

Charge/Offense: _____ Date: _____ (Current/Inactive)

COURT INVOLVEMENT

Hearing: _____ Date: _____

Hearing: _____ Date: _____

ADDITIONAL SERVICES CURRENTLY ENROLLED IN

Organization: _____

Organization: _____

Organization: _____

Organization: _____

CURRENT INCOME

Type: _____ Amount: _____ Frequency: _____

FINANCIAL INFORMATION

Bank: _____ Account # _____ Routing # _____

Branch Location _____ Type: ☐ Checking ☐ Savings

Bank: _____ Account # _____ Routing # _____

Branch Location _____ Type: ☐ Checking ☐ Savings

Credit Card: _____ Card # _____ - _____ - _____ - _____ Limit: \$ _____

PERSONAL REFERENCES (Emergency Contacts)

Full Name: _____ Relationship: _____ E-

Mail: _____ Phone: _____

PERSONAL REFERENCES

Full Name: _____ Relationship: _____

E-Mail: _____ Phone: _____

Referred by: _____

ADDITIONAL DETAILS (Why do you want to be a part of Recker's Outreach?)

I hereby certify that I am at least 18 years of age. Applicant represents that all information given on this application is true and correct. Applicant hereby authorizes verification of all references and facts, including but not limited to current and previous landlords, employers, and personal references. Applicant hereby authorizes owner/agent to obtain any and all Unlawful Detainer, Credit Reports, Telechecks, and/or Criminal Background Reports. Applicant agrees to furnish additional credit and/or personal references upon request. Applicant understands that incomplete or incorrect information provided in the application may cause a delay in processing which may result in denial of tenancy. Applicant hereby waives any claim and releases from liability any person providing or obtaining said verification or additional information.

Applicant's Signature _____ Date _____

Upon completion, email completed application to srecker@reckersoutreachllc.com for further processing

Recker's Outreach Ground Rules

Mission: To facilitate a successful transition for a Veterans into a civilian life.

Vision: Recker's Outreach believes that whether it helps one or a million; success relies on personal effort, dedication, and motivation. Recker's Outreach aims to support Veterans, regardless of their circumstances, in achieving a successful reintegration into society.

Intent: The intent of Recker's Outreach provides a "home" environment to assist Veterans in their transition to civilian life. Our goal is to give Veterans the opportunity to establish themselves successfully. We understand the varied experiences and challenges Veterans face, and we are committed to offering support.

Explanation: Veteran's will be provided with a furnished studio apartment for 90 days. Upon securing income by the end of the initial 30 days, Veterans can extend their stay for an additional 60 days while being responsible for utility payments. This grace period aims to help Veterans save for permanent housing. A 90-day extension can be granted to which the Veteran will continue to pay their portion of the utility bill and complete the required milestones. Extensions beyond the initial 180 days may be granted, with rent and utility charges applicable. This will allow the Veteran to begin saving funds to find a permanent residence upon completion of the second 90-day (6 month) residency at the home. If needed the Veteran may request an additional 30, 60, 90 days at the home; however, would at that time be charged for both utilities and rent to remain in the "home". Recker's Outreach LLC is not a facility; however, will have ground rules to ensure Veterans are doing their part to get back on their feet and properly retransition into the civilian sector.

Recker's Outreach LLC provides a washer and dryer in the "home" to allow for the Veteran to ensure that their clothes are clean and presentable. Your appearance not only reflects what you think of yourself, but it also reflects your own personal standards. If your appearance is sloppy and undisciplined then your standards are likely to be the same. Recker's Outreach LLC wants to allow Veterans an opportunity to not only secure employment but also rebuild their self-confidence and self-esteem to see that with a slight helping hand, they are able to be successful.

Discipline: Maintaining discipline, even in solitude, is crucial. Veterans are expected to actively seek employment, uphold self-discipline, and maintain a clean and organized living space. Well-disciplined individuals stand out above the rest. The true measure of discipline is doing the right thing, even when no one is watching. I expect you to maintain good standards of self-discipline and be responsible for your actions/inactions. Throughout your time in the "home" you will be expected to maintain your discipline and manage your affairs appropriately. As a resident at Recker's Outreach LLC, you will be expected to maintain your residence in a clean and organized residence that is presentable to others.

_____ Client Initials

_____ Owner Initials

Health: Veterans will receive a fully furnished apartment with access to necessary amenities. It is their responsibility to ensure proper hygiene and cleanliness. Rebuilding self-confidence is essential, and a clean appearance aids in that process. Recker's Outreach wants to allow Veterans an opportunity to not only secure employment but also to rebuild their self-confidence and self-esteem to see that with a slight helping hand, they are able to be successful.

Interviews: Veterans must actively pursue employment opportunities and attend scheduled appointments or interviews. Regular reporting on these activities is required. As a resident Recker's Outreach LLC, the resident is responsible for ensuring that they are applying for and attending the appointments/interviews they schedule to obtain employment. As a resident you will be treated like the adult that you are, however, checks and balances will be in place to ensure that the Veteran is using this time appropriately.

Medical Requirements: Attendance of medical appointments is mandatory to ensure overall well-being. It is important that all aspects of your quality of life are looked at and tended to. Weekly appointment/interviews slips are required. If you are unable to receive an appointment slip when you set up your appointment/interview, you are required to obtain one after you complete your appointment/interview. This is not intended to micromanage the resident but to ensure that steps are being taken to establish employment.

Point of Contact: Samantha Recker; 915-275-9916, is the primary contact for all queries or issues. With a wealth of military experience, Samantha is dedicated to assisting Veterans in their transition to civilian life. As a Career Counselor, I have learned that helping those who chose to transition is just as important or if not more important than those who chose to remain in the service. Ensuring Soldiers have an appropriate and achievable transition plan is one of the most important aspects of my job that tend to be overlooked. I want to provide that opportunity now for those who need it most. The military is a career but not the only career in the world. I want to help those in need find their next career.

Success: Recker's Outreach exists to guide Veterans toward successful integration. No one will make or break your career without the choices in which you make. The effort and dedication put in by the Veteran significantly contribute to this success. If you are unsure of what or how, I am here to guide you, however; you must ask for it. I will assist in any way I can to help you get you what you deserve if you are putting forth the effort and dedication needed to accomplish your goal of successful retransition.

Residence: Veterans are expected to maintain a clean-living space and address basic standards of living. As a resident you are required to maintain your living area up to standards. This is your living area, keep it clean. Living areas are to be inspected during your follow-up meetings.

Basic Standards:

_____ Client Initials

_____ Owner Initials

1. Home will always be clean. There is a difference between lived in and messy. At no point is the home expected to be spotless. However, it is expected to be "lived in."

2. Even though the home may not be inspected daily, it will be ready for inspection at any time.

3. Trash will be taken out when full.

4. Dishes will be cleaned daily. NO EXCUSES.

Transportation: If the resident has a vehicle, it must meet legal standards within the first six months of residency. Without working equipment, we cannot accomplish our tasks and requirements. If the resident has a vehicle, it is important to ensure that it is within working standard, registered, inspected, and insured. If the resident has a vehicle and it is found not to be within legal standards, they will be authorized to park the vehicle on the property to ensure it is not towed away. However, it will become a requirement to have it legal within the first 6 months of residency. If a Veteran does not have a vehicle, we will bring to the local bus station to apply for and receive a monthly military bus pass from Sun Metro. In the event of an emergency there is a company vehicle on the property to transport veterans for emergency matters.

Personal Affairs: It is vital for Veterans to communicate any issues and provide an emergency contact for their well-being. It is my responsibility as the property owner and founder of Recker's Outreach LLC, to ensure that you are taken care of, but also that you are properly taking care of yourself. In the event of any situation, it is the Veterans responsibility to ensure the following:

1. Notify Samantha Recker of any issues, concerns, or questions.

2. Provide a point of contact for yourself and an emergency contact (anyone that could be contacted if something were to happen)

Recker's Outreach Teamwork: Success hinges in teamwork, ensuring a successful transition into civilian life. The most important aspect of accomplishing this mission is "TEAMWORK". There are no individuals or "I"s in the word TEAM. You are not alone. Together everyone accomplishes the mission and the mission here is to allow a Veteran an opportunity to retransition into the civilian sector successfully without judgment or micromanaging.

T = Together E = Everyone A = Accomplishes the M = Mission

Communication: Honesty and transparency in communication are vital. I expect you to be upfront and honest with me as I will be with you. Gaslighting will get you written up and terminate your contract.

_____ Client Initials

_____ Owner Initials

Follow-ups: Regular follow-up sessions will occur, decreasing in intervals as the residency progresses. Random checks may be conducted if necessary. A follow-up will be conducted on a weekly basis for the first 90 days. If the Veteran remains in the residence after the first 90 days follow-ups will be conducted bi-weekly. If Veteran submits for a 30-, 60-, or 90-day extension upon completion of the first 6 months, the follow-up will be conducted monthly. Follow-ups will include but not limited to areas to sustain/improve, upcoming events, employment status/potential and intent.

Entrance: If there are any issues, concerns, or violations of the ground rules established in this contract the owner, Samantha Recker, has the right to enter the residence at any time to ensure safety, welfare, or physical security of residence.

Drug/Alcohol: Violations of these policies will not be tolerated. Strict policies on drugs and alcohol exist to ensure a safe and conducive environment for all residents. Drugs will not be tolerated in or on the residence property. Alcohol is allowed on property and in the residence; however, there is an authorized limit on alcohol. There is no judgment if you consume alcohol. However no more than a six pack of beer or one-fifth of liquor will be allowed on the premises at any given time. However, the intent is to allow you the opportunity to get back on your feet. Therefore, the funds earned or received need to be going towards your next step. Clarification: I cannot control what you do outside of the residence; however, if you consume alcohol outside the residence and return intoxicated it is a violation of the ground rules and will cause a write-up. If you drink two beers outside the residence and come home that only four beers are allowed to be consumed the rest of the day. It is the integrity of the Veteran. If enrolled in VTC program or any program that restricts the use of alcohol, then this section will become ineligible for the program rules will override.

Sexual Harassment/Equal Opportunity: Violations of these policies will not be tolerated. Rules regarding visitors and companionship are in place to maintain the focus on reintegration and mutual respect.

Curfew: There is a curfew of 1030pm (2230) Sunday-Thursday. Curfew on Friday-Saturday is 1130pm (2330). The Veterans must return home daily. The only exception to this policy is if there are employment shifts; however, the schedule will need to be provided to Recker's Outreach LLC to confirm release of curfew. There should be no overnight guests at the home; it is intended to get one back on their feet and fellow individuals in need are not authorized to reside in the residence. As a resident you are authorized visitors as you would in your own home; however, overnights are not authorized and therefore must be off the property at the designated curfew time.

Employment: It is the responsibility of the resident for actively seeking, obtaining, and maintaining steady employment. A roster will be provided for the Veteran to maintain and turn in during the follow-up sessions.

_____ Client Initials

_____ Owner Initials

Goals: Having goals is an important part of any plan and is highly encouraged. However, no one can select a goal for an individual. The goal must come from within oneself, or else effort and dedication would not be given into the goal. Therefore, I ask that you identify:

Short term goals: (up to five years from now)

1.

2.

3.

Long term goals: (more than five years from now)

1.

2.

3.

Please provide your expectations of what you want to establish by using Recker's Outreach. Let me know any questions, concerns, or issues you may have. I cannot fix things that I do not know are broken; therefore, if you know that there are issues, please bring it to my attention so I can assist/work to repair it.

Signature of Veteran

Signature of Owner/Creator

_____ Client Initials

_____ Owner Initials

Recker's Outreach LLC Milestone Requirements

Veteran's 1st Goal:

Veteran's 2nd Goal:

Veteran's 3rd Goal:

First 30 days:

Veteran's Mental Health Evaluation: _____

Veteran's Claims Department: _____

Veteran's Employment Service: _____

Veteran Cleanse: _____

First 90 days:

Health and Human Services assessment: _____

Social Security assessment: _____

Veteran's Peer Network: _____

Veteran's Education: _____

Veteran's Self-Esteem Boost: _____

Second 90 days:

Steady Employment: _____

Veteran's Self-Confidence: _____

Clinical Services: _____

Utility Payments: _____

Third 90 days:

Housing Search: _____

Assistance Applications: _____

Rent Payment: _____