



2012 OC STAND DOWN PARTICIPANT APPLICATION
August 17-19, 2012 •Costa Mesa Reserve Center•Costa Mesa, CA

Name: Last First Middle

Social Security Number Drivers License Number State Issued

Contact Phone Birth Date (mm/dd/yyyy) Age Gender

BRANCH OF SERVICE: FROM: TO:

Ethnicity How long have you been homeless? (yrs/mos)

Have you attended a Stand Down before? When/Where

Combat Veteran? Iraq Kuwait Afghanistan Desert Storm/Shield

Viet Nam Korea WWII Other

Have you applied for medical benefits? Other VA benefits

Current Medical Need: Dental Hearing Vision Feet Other

Do you have problems with: Alcohol Drugs Other addictions

Current mental health needs: PTSD Sexual Trauma Other

Have you experienced Traumatic Brain Injury (TBI)? In combat?

Current legal needs: Outstanding Warrants Request Homeless Court

Child support case with DCSS? Other child support cases? Need legal advice?

Will a legal spouse or dependent (under 18 yrs) child be attending Stand Down with you?

If yes, spouses name: Last First MI

DOB: SSN:

Does your spouse request homeless court? If yes, Driver's License #: State:

Child: M F Age: Child: M F Age: Child: M F Age:

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I do hereby hold harmless and release from responsibility Veterans First, the VA, the County of Orange and any and all support and service providers for any and all injury to myself or any members of my family...

Signature of Veteran Date

TENT

FOR OFFICIAL USE
Location of Application
Sent by:
1st Date Received by VF
Date to SDVA:
Date Returned to VF

• RETURN COMPLETED FORMS BY AUGUST 3, 2012 •
• FAX: 714-547-8678 •