

**CAMDEN COUNTY
VETERANS REFERRAL APPLICATION**

NAME _____ DOB _____

ADDRESS _____ SSN _____

ARE YOU A VETERAN? YES NO BRANCH OF SERVICE _____

ARE YOU ELIGIBLE FOR VA BENEFITS? YES NO

DATES OF SERVICE _____

NATURE OF DISCHARGE: HONORABLE GENERAL OTHER THAN HONORABLE

OTHER EXPLAIN _____

DO YOU HAVE A CERTIFIED COPY OF YOUR DD FORM 214? YES NO

WHAT WAS YOUR PRIMARY JOB DESCRIPTION WHILE IN THE SERVICE? _____

CURRENT OCCUPATION OR EMPLOYER: (NAME, ADDRESS, PHONE NUMBER, SUPERVISOR) _____

MARITAL STATUS: MARRIED DIVORCED SINGLE RELATIONSHIP

DO YOU HAVE CHILDREN? YES NO IF YES, HOW MANY/AGES _____

HAVE YOU EVER BEEN DIAGNOSED WITH A DISORDER? YES NO

IF YES, EXPLAIN: _____

PHYSICIAN/ADDRESS: _____

DATE OF DIAGNOSIS: _____

CURRENT MEDICATIONS: _____

WHERE HAVE YOU ATTENDED TREATMENT? INCLUDE AGENCY, ADDRESS AND THERAPIST NAME
(PLEASE LIST ALL INPATIENT AND OUTPATIENT FACILITIES AND/OR HALFWAY HOUSES) _____

DO YOU HAVE A HISTORY OF SUBSTANCE ABUSE? YES NO IF YES, EXPLAIN:
(PLEASE INCLUDE SUBSTANCE ABUSED, FREQUENCY OF USE, AGE WHEN BEGAN USE, LAST USE): _____

HAVE YOU EVER BEEN ARRESTED, CHARGED, CONVICTED, CITED OR HELD BY ANY LAW ENFORCEMENT OR JUVENILE AUTHORITITES IN THE UNITED STATES REGARDLESS OF WHETHER THE CHARGE WAS DROPPED OR DISMISSED ON ANY OCCASION, OTHER THAN THIS ARREST? YES NO IF YES, EXPLAIN: (INCLUDE NATURE OF ARREST, DATE WHEN ARRESTED, THE JURISDICTION WHERE YOU WERE ARRESTED AND THE DISPOSITION OR OUTCOME OF YOUR CASE:) _____

ARE YOU CURRENTLY ON BAIL OR ANY OTHER CRIMINAL MATTER IN THIS OR ANY OTHER JURISDICTION? YES NO IF YES, EXPLAIN: _____

BY SIGNING THIS APPLICATION, I AM INDICATING THAT I HAVE READ, OR HAD READ TO ME AND FULLY UNDERSTAND THE VETERANS REFERRAL APPLICATION. I UNDERSTAND AND AGREE THAT I AM VOLUNTARILY ENTERING THIS PROGRAM AND WILL WORK WITH MY LAWYER AND MENTOR TO SUCCESSFULLY COMPLETE THE TREATMENT AND ALL CONDITIONS NECESSARY TO COMPLETE THE PROGRAM SUCCESSFULLY.

SIGNATURE: _____ DATE: _____

PLEASE RETURN COMPLETED FORM TO LT. CATHERINE FISHER AT FAX 856-614-8080 OR EMAIL TO FISHERC@CCPROSECUTOR.ORG

REFERRING AGENCY: _____
CONTACT PERSON: _____
ADDRESS: _____
PHONE: _____ EMAIL: _____