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[Veterans-For-Change](http://Veterans-For-Change.com)

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Note:

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Stand Down Application

Last Name		First Name		Middle Name	
Social Security Number			Service Number		
Branch of Service			From: _____ To: _____		
Birth Date			Home State		
Message Address		City	State	Zip Code	Message Phone
Have you attended Stand Down Before? Yes _____ No _____ Where? _____ When? _____					
Height	Weight	Color Hair	Color Eyes	Sex M _____ F _____	Highest Grade Completed _____
Ethnicity: White _____ Black _____ Asian _____ Hispanic _____ Native American _____ Other _____					
Usual Occupation: _____ Last Wage: _____ Date Last Employed: _____					
How Long Have You Been Homeless? Years _____ Months _____					
Did You Serve In A War Zone? Yes _____ No _____ Where? _____					
Current Medical Problems: Dental _____ Hearing _____ Vision _____ Feet _____ Skin _____ Drug _____					
Internal _____ Alcohol _____ PTSD _____ Other Emotional _____ Other _____					
Do You Need Help With Outstanding Warrants? Yes _____ No _____ Other Legal Problems? _____					
Describe The Nature Of Your Legal Problems: _____					
Do You Want Your Legal Case Heard At Stand Down? Yes _____ No _____					
Do You Have A Child Support Case Being Administered By Shasta County D.C.S.S.? Yes _____ No _____					
Will Any Dependent Family Member Be Attending With You? Yes _____ No _____ (If Yes, Please Complete The Family Application On The Back Of This Page.)					
Does Your Family Member Want A Legal Case Heard At Stand Down? Yes _____ No _____					

Services Received At Stand Down

