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Veterans-For-Change

Veterans-For-Change is a 501(c)(3) Non-Profit Corporation Tax ID #27-3820181

If Veteran's don't help Veteran's, who will?

We appreciate all donations to continue to provide information and services to Veterans and their families.

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Note:

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Stand Down Application

Last Name First Name			Middle Name				
Social Security Number			Service Number				
			From:	To:			
Branch of Service							
Birth Date			Home State				
Message Address	City S	State	Zip Code	Message Phone			
Have you attended Star	nd Down Before?	Yes	No	Where?	When?		
Height Weight		Sex	к М <u></u> Б	- Highest G	Grade Completed		
Height Weight	Color Hair C	Color Eyes		J	·		
Ethnicity: White B	lack Asian_	Hispa	nic N	lative American	Other		
Usual Occupation:		Last \	Wage:	Date Last En	nployed:		
How Long Have You Be	rears	Months					
Did You Serve In A Wa							
Current Medical Problem					_		
Internal Alcohol	PTSD (Other Emotio	nal	_ Other			
Do You Need Help With	n Outstanding War	rrants? Yes	No	Other Legal Pr	oblems?		
Describe The Nature O	f Your Legal Probl	lems:					
Do You Want Your Leg	al Case Heard At	Stand Down?	? Yes	No			
Do You Have A Child S	upport Case Being	g Administere	ed By Shas	ta County D.C.S.S	.? Yes No		
Will Any Dependent Fai (If Yes, Please Complet							
Does Your Family Mem				own? Yes	No		

<u>Services</u>	Services			Services		
Medical	Clothing			Legal		
Dental	Showers			Taxes		
Hearing	Haircuts			Employment		
Vision	Food			V.A. Benefits		
Counseling	I.D.			Chaplain		
AA/NA	Social Ser	vices		Other		
	<u>Appointm</u>	ents After S	Stand Down			
Agency	<u>Date</u>	Time	<u> </u>	<u>Address</u>	Counselor	
Vet Center						
V.A.M.C. Appt.						
V.A.M.C. Alcohol/Drug Treat.						
V.A. Regional Office – Benefits						
Employment Development Dept.			1325 Pine Street Redding			
Legal						
Taxes						
Shelter / Recovery Home						
AA/NA 12 Step Group						
Other						
	Family	Member Ap	plication		<u> </u>	
	<u> </u>					
Veteran_						
Last Name I	First	st Middle		Social Security Number		
SpouseLast Name						
Last Name	First	Middle		Social Security Nur	nber	
Name of Child	Boy/Girl			Age Birthplace		
-						
N. 0/1		D. 0(1 / ·				
Name Of Interviewer		Place Of Intervie	ew Date			
I do hereby hold harmless and rele	ease from res	sponsibility,	the North Val	ley Stand Down	Association,	
NOVA, the VVA, County of Shasta	and other su	upport and s	service provid	lers, for any and	all injury to myself	
and any members of my family, be	it self-inflicte	ed, or as a r	esult of other	s, while a partici	pant in Stand	
Down. I acknowledge that I under						
only be used for the purpose of Sta						
			•		•	
at Stand Down but will not be shar		ne else.				
at Stand Down but will not be shar		ne else.				
		ne else.				
at Stand Down but will not be shar		ne else.	Date			
		ne else.	Date			
	ed with anyo					