

Project PLASE, Inc.
3549-3601 Old Fredrick RD
Baltimore Maryland 21229
Office Number (410) 837-1400 ext. 123 Fax Number (410) 837-6130
SSVF Referral Form

Staff Use Only: Category _____ VAMC# _____

Date _____

Veteran's Name: _____

Current Address: _____

City, State, Zip: _____

Phone: _____ Email Address: _____

Social Security #: _____ - _____ - _____ DOB ____/____/____ Sex: M/F Race: _____ Hispanic Y/N

Income Source: _____ Monthly Amount: _____

Food Stamps: _____ Other Entitlements: _____

Discharged honorable from: _____ Date Discharged: _____

Reason for Referral: _____

SSVF Needs

____ Entitlements ____ Employment/ Vocational Supports ____ Education supports/ GED ____ Eviction Prevention

____ Utility Assistance ____ Family Supports ____ Food Stamps ____ Medical Assistance ____ TEHMA _____

____ Housing ____ Supported Living ____ I D Card ____ Legal Assistance ____ Psychiatrist/Therapist _____

____ Social Supports ____ Medical Services ____ Dental Services ____ Medication ____ Substance Abuse Services ____

____ Birth Certificate ____ Social Security Card ____ DD214 ____ SSI/SSDI ____ Transportation ____ Child Care ____

Current Primary Care Provider & Number: _____

Serious Medical Conditions: _____

Psychiatric History: hospitals and clinics (where, reason and dates starting with most recent): _____

Psychiatrist / Therapist Name: _____

Substance Abuse History: Treatment, Status, and Date Last Use: _____

Legal History: Prior Arrest / Incarcerations, Probation/ Parole _____

Homeless History- Shelter & Street history timeframe: _____

Household Composition

Adults: _____ Children: _____

Veteran Status

DD214: _____ VA ID: _____

Referred by: _____