



VFW Post #4031
 1550 Main Ave
 Durango, CO
 (970) 247-0384



Elks Lodge #507
 901 E 2nd Ave
 Durango, CO
 (970) 247-2296



American Legion Post #28
 878 E 2nd Ave
 Durango, CO
 (970) 247-1590

VETERAN SUPPORT APPLICATION

Date: _____ Date of Birth: _____

First Name: _____ MI: _____ Last Name: _____

Mailing Address: _____

Phone: _____ Cell: _____

Email: _____

Are you former military? YES NO Branch: _____

Are you a veteran's spouse or immediate family member (child or parent)? YES NO

Dates served: _____

Note: DD214 or other supporting documents must be attached.

Marital Status: _____ Is your spouse also a veteran? YES NO

Number of children living in the same household: Boys _____ Girls _____

Ages: _____

Are you receiving compensation of any kind from the government? YES NO

If so, please explain: _____

Have you previously applied for help from another non-profit organization? YES NO

If so, name of organization and date applied: _____

Please complete both pages of this application and attached Release of Information Consent form. All attempts will be made to review support requests within 72 hours of receipt of this application, supporting documents & release form. All documents can be submitted by email to dgovethelp@gmail.com or dropped off at the VFW Post #4031, Elks Lodge #507 or American Legion Post #28.

Questions? Email dgovethelp@gmail.com

Southwest Colorado Veteran's Collaborative

Release of Information Consent Form for the
Release of Confidential Information about Medical Health, Mental Health and Housing History

Printed Client Name

AKA

Date of Birth

I hereby consent to communication about me and my responses to this survey to be disclosed and received between (agency requesting release):

Veteran Relief Committee (Collaborative Committee consisting of VFW Post 4031, Durango Elks Lodge #507, and American Legion Post 28 Members

Agency Name

And the following organizations that participate in the Veteran's Collaborative which include:

American Legion Post 28, Post 75 & Post 108
Axis Health Systems
Constituent Advocate (*Senator Bennet*)
Disabled American Veterans (*La Plata & Montezuma County*)
Durango Community Based Outreach Clinic (*CBOC*)
Durango Elks Lodge #507 (*Durango, CO*)
Housing Solutions for the SW

Pinon Project
Southwest Center for Independence
Vet Center (Farmington, NM)
Veterans Administration (VA)
Veterans for Veterans (Archuleta County)
Veterans of Foreign Wars Post 4031 and Post 5231
Volunteers of America (*VOA*)

Other Agencies Not Listed Above:

I give my permission for the information in the following areas to be disclosed:

- Only the information contained in the VI-SPDAT.** These records will be used/disclosed for the sole purposes of: VI-SPDAT application, housing navigation, and housing placement
- Case management, treatment planning, coordination of medical care and **other services**

I also understand that this consent is subject to revocation at any time, except to the extent that the members the Veteran's Collaborative have already taken action in reliance upon it. If not previously revoked, the consent will expire **one year** from the date signed or on this specific date: _____ / _____ / _____ (day/month/year).

I understand signing this disclosure form is voluntary.

Client Signature

Printed Name

Date

Medical Proxy/Guardian Signature

Printed Name

Date

Witness Signature

Printed Name

Date