

HOMELESS VETERAN RESOURCE FORM

The purpose of this form is for individuals, VFW Posts, or community agencies and organizations to provide information that can be used for referrals of homeless veterans or those in danger of homelessness for services such as homeless shelters, short term housing, long term housing, legal aid, utilities, food, medical appointment transportation, VA disability claim, VA medical treatment.

The gathered information will be sorted by County and type of services provided for wide distribution within the State of Michigan to intake agencies and organizations.

Please print this form and provide as much information as possible.

Please fax, email or mail the completed form to the contact person at the bottom of the form.

Name of organization providing service: _____

Address of Organization: _____
Street address

_____ County City zip code

Contact person: _____ Position _____

Telephone Number _____ Email _____

Preferred method of contact/referral: in person _____ telephone _____ email _____

Documentation required? _____

Type of services provided by organization: _____

This information is provided by:

Name:

Organization:

Contact information:

Please forward this completed information form to:

Program Director Barbara Locke OR

6 S. Hart St.

Hart, MI 49420

barbara.locke@frontier.com

cell # 231-873-4460

VFW Headquarters

924 N. Washington Ave.

Lansing, MI 48906

adjutant@vfwmi.vet

FAX #: 517-485-6432

Office #: 517-485-9456