



**FIVE STAR**  
**VETERANS CENTER**  
ARMY • MARINES • NAVY • COAST GUARD • AIR FORCE

40 Acme Street  
 Jacksonville, FL 32211  
 (904) 723-5950

**Application  
 for Admission**

Date \_\_\_\_\_ Walk-in  Referral  Re-entry  SSN

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ (mm/dd/yy) Age \_\_\_\_\_

Email \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_ - \_\_\_\_\_ Sex M / F

My most urgent need is \_\_\_\_\_

My 2<sup>nd</sup> most vital need is \_\_\_\_\_

My long-term goal is to \_\_\_\_\_

If you were referred to us, please give the referring agency and, if possible, the name of the referring agent.

Agency \_\_\_\_\_ Agent \_\_\_\_\_

If you were not referred, how did you hear about Five Star? \_\_\_\_\_

**Personal Information**

If you are experiencing housing problems, how long have you been without permanent shelter?

< 3 months      3–6 mo.      6 mo. – 1 year      1–3 years      > 3 years

Are you residing in another facility (homeless shelter, rehab hospital, temporary housing, jail, etc.)?

Facility \_\_\_\_\_ How long? \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_ - \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Marital Status (circle):    Single    Married    Living Together    Separated    Divorced    Widowed

How many children do you have? \_\_\_\_\_ Boys? \_\_\_\_\_ Girls? \_\_\_\_\_

**Education and Training**

Check highest level:    HS Diploma or GED     Associate's     Bachelor's     Master's

Where? \_\_\_\_\_ When? \_\_\_\_\_ Major? \_\_\_\_\_

Special skills \_\_\_\_\_  
 \_\_\_\_\_

Failure to provide sufficient, accurate, and truthful information may lead to denial of admission or subsequent dismissal.

**Military Service Information**

Do you have your DD214? Yes  No  If you do, please attach a copy.

To be accepted, you must submit your DD214. The copy must include your discharge status.

Branch of service? Army  Navy  Air Force  Marines  Coast Guard   
Reserves or National Guard \_\_\_\_\_

Dates served \_\_\_\_\_ to \_\_\_\_\_ Rank at discharge \_\_\_\_\_ MOS \_\_\_\_\_

Combat duty Yes  No  Separation Code \_\_\_\_\_ Purple Heart Yes  No

Served in: Viet Nam  Persian Gulf  Iraq  Afghanistan  Bosnia  Other \_\_\_\_\_

Discharge Honorable  General, Under Honorable Conditions  Dishonorable  Bad Conduct   
Under other than Honorable Conditions  Medical  Other \_\_\_\_\_

**Monthly Income**

Service-connected disability? Yes  No  If yes, percent? \_\_\_ % Monthly amount \$ \_\_\_\_\_

Are you currently employed? Yes  No  If yes, income from employment is \$ \_\_\_\_\_ /month.

Other: SSI = \$ \_\_\_\_\_ SSDI = \$ \_\_\_\_\_ Food stamps = \$ \_\_\_\_\_ Other = \$ \_\_\_\_\_

Monthly Child Support = \$ \_\_\_\_\_ Total Monthly Income = \$ \_\_\_\_\_

**Employment History (last three positions)**

Job Title	Employer	City	Dates		Monthly Wage
			From	To	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Legal Information**

Have you been convicted of a crime? Misdemeanor  Felony  State? \_\_\_\_\_ County? \_\_\_\_\_

If so, what was your most recent charge? \_\_\_\_\_ When? \_\_\_\_\_

Are you on probation? Yes  No  If supervised probation, who is your PO? \_\_\_\_\_

Are you in Veterans Treatment Court? Yes  No

If so, which phase? 1  2  3  4  5

When do you plan to graduate? \_\_\_\_\_

Please list all pending charges, warrants, and upcoming court dates.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Agreements and Acknowledgements**

I acknowledge that an appointment with the Director of Counseling is required before the admission process is complete and that my admission depends on completing the process successfully. I understand that being granted temporary or emergency shelter does not constitute my acceptance as a resident of Five Star.

Signature \_\_\_\_\_

Date \_\_\_\_\_

I agree that the information on this form is correct to the best of my knowledge. I agree to hold harmless Five Star Veterans Center, its directors, and its employees from any liability, loss, claim, cost, or damage of any nature while residing at Five Star Veterans Center and/or while participating in any program activity sponsored by Five Star Veterans Center.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**For Office Use Only**

DD214  TB Test  Photo ID  HUD-VASH Voucher  Background Check

Committee Recommendations \_\_\_\_\_  
\_\_\_\_\_

*For residents who bring motor vehicles:*  
Driver's License: \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Motor Vehicle: Tag \_\_\_\_\_ State \_\_\_\_\_ VIN \_\_\_\_\_  
Registration Yes  No  Proof of Current Insurance Yes  No