



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 _____ Age _____

Email _____ Phone No. () _____ - _____ Sex M / F

My most urgent need is _____

My 2nd 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 _____

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 _____

Accepted to Residency Yes ☐ No ☐ Date Accepted _____ or Declined _____

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 ☐