STATE OF CONNECTICUT
DEPARTMENT OF VETERANS AFFAIRS
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

THOMAS J. SAADI
DVA COMMISSIONER

MIRIAM E. DELPHIN-RITTMON, PH.D.
DMHAS COMMISSIONER

VETERANS RECOVERY CENTER
287 West Street
Rocky Hill, Connecticut 06067

Application for the Veterans Recovery Program

- Submit a copy(s) of your ***"DD FORM 214 - Certificate of Release or Discharge from Active Duty"*** listing your place of entry and discharge, dates of entry and discharge, record of service, time lost, and character of service. If you served more than one period please submit a copy of *each* DD214 you have received.
- All applicants will be required to have an in person interview.
- Any applicant who has been denied admission has the right to appeal in writing to the Commissioner of DMHAS within 10 days of notification.

For questions concerning the application and/or the process for admissions to the Veterans Recovery Center, please call (860) 616-3832. An Application can be submitted on line, mailed or faxed to: (860) 616-3549. Mail applications to:

VRC Admissions Coordinator
Veterans Recovery Center
287 West Street
Rocky Hill, Connecticut 06067

PLEASE FILL OUT EACH SECTION COMPLETELY (PLEASE PRINT)

Section 1 – PERSONAL INFORMATION		
Last Name:	First Name:	Middle Name:
Other Name/s Used:	Maiden Name (if applicable)	
Social Security #: / /	Date of Birth: (mm/dd/yyyy) / /	
Gender: ☐ Male ☐ Female	Current Marital Status: (Check one)	☐ Never Married ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Place of Birth (City and State):		
Connecticut Resident From:	To	
Home Address:		
City:	State:	Zip Code:
Home Phone: ( )	Work Phone:	
Cell Phone: ( )	E-mail Address	

Are You Currently Living at Your Home Address? ☐ Yes ☐ No

If No, **w**here are you staying now?

☐ Shelter ☐ With Family/Friends ☐ Hotel/Motel ☐ Temporary Veteran Housing

☐ Treatment Facility ☐ Other (Explain below)

What is your Race? (You may check more than one. Information is required for statistical purposes only.)

☐ American Indian or Alaska Native ☐ Black or African American

☐ Asian ☐ White ☐ Native Hawaiian or Other Pacific Islander

Are you Spanish, Hispanic, or Latino? ☐ Yes ☐ No

Section 2: EMERGENCY CONTACT(S)		
Name:	Relationship:	Phone #1 ( ) Phone #2 ( )
Name:	Relationship:	Phone #1 ( ) Phone #2 ( )
Name:	Relationship:	Phone #1 ( ) Phone #2 ( )

Section 3: HEALTH INSURANCE

Are you enrolled in the VACT Healthcare system? ☐ Yes ☐ No

Are you covered by any other health insurance policies? ☐ Yes ☐ No

If so, name of Policy Holder Policy # Group Code

Section 4 - MILITARY SERVICE		
Were you issued more than one (1) DD214? □ Yes □ No	If Yes, please provide copies	
Do you have a VA service-connected disability rating and are receiving VA compensation? □ Yes □ No	If Yes, what %	Amount
What condition(s) are you service connected for? (Please explain)		

Section 5 – RECOVERY	
Are you currently attending a substance abuse treatment program? □ Yes □ No Date begun:	Name of Program:

Substances Used: Approximate Date of Last Use: (Month/Year)

Alcohol	Y □ N □	_____
Marijuana	Y □ N □	_____
Cocaine	Y □ N □	_____
Hallucinogens	Y □ N □	_____
Inhalants	Y □ N □	_____
Opiates	Y □ N □	_____
Amphetamines	Y □ N □	_____
Barbiturates	Y □ N □	_____
PCP	Y □ N □	_____
Other (specify)	Y □ N □	_____

Have you previously attended a program for drug or alcohol treatment?
□ Yes □ No

If Yes, When and Where?

Section 6 - EDUCATION			
High School Graduate □ Yes □ No GED □ Yes □ No		If no, highest grade completed	
□ Technical School	□ Certificate	□ Some College	□ Associate Degree □ Bachelor's Degree □ Master's Degree
Are you currently enrolled in college? □ Yes □ No			
Name of College:		Program of Study:	
Are you currently enrolled in a Vocational Training program? □ Yes □ No			
Name of School:		Program of Study:	

Section 7 - EMPLOYMENT		
Are you currently employed? □ Yes □ No		□ Full-time □ Part-time
Name of Employer:		
Address:		
City:	State:	Zip Code:
Job Title:		

Section 8 - LEGAL HISTORY
Have you ever been convicted of a felony? □ Yes □ No
If Yes, please complete below

Felony Charge	Date of Conviction	Town	State

Have you been arrested for any offenses that have not yet been resolved in court?

□ Yes □ No (If Yes, please explain)

Are there any outstanding warrants for your arrest?

□ Yes □ No (If Yes, please explain)

Are you currently on Probation? If Yes, what legal charge(s) are you on Probation for?

□ Yes □ No

Probation Officers Name: Phone #

Are you currently on Parole? If Yes, what legal charge(s) are you on Parole for?

□ Yes □ No

Parole Officers Name Phone #

PLEASE SUBMIT A COPY OF YOUR CURRENT TERMS/CONDITIONS OF PROBATION/PAROLE

Section 9 - POWER OF ATTORNEY / CONSERVATORSHIP

Power of Attorney

Do You Have a Power of Attorney? □ Yes □ No

If Yes - Is this Appointment for: □ Person □ Estate □ Both

Effective Date:

If Yes, complete information below - enclose a copy of decree

Name: Relationship □ Family Member □ Friend □ Attorney

Address: Apt #

City: State Zip Code

Phone #'s

Home Phone Work Phone

Cell Phone Fax #

Email Address

Conservatorship		
Do You Have Someone Appointed as Your Conservator? □ Yes □ No	If Yes - Is this Appointment for: □ Person □ Estate □ Both	Effective Date:
If Yes, complete information below - enclose a copy of Decree		
Name:		Relationship □ Family Member □ Friend □ Attorney
Street:		Apt #
City:	State	Zip Code
Phone #'s:	Home Phone	Work Phone
	Cell Phone	Fax #
Email Address:		

Section 10 – MEDICAL/HEALTH
Do you currently have any medical or health issues that you would like us to know about? □ Yes □ No If yes, please identify: Are you currently on any medication? □ Yes □ No If yes, please identify:
Name of medical provider (optional):

Referred by	
Contact Name/Title	
Agency	