Veteran Referral Form

Housing navigation | Clinical navigation | Benefits & resources | Employment | Life stability

REFERRING ORGANIZATION / CONTACT

Organization / Agency:

Referring Contact Name & Title:

Phone:

Email:

VETERAN INFORMATION

Veteran Name:

Date of Birth:

Phone:

Email:

Current Address / Location:

Veteran has given permission for Braveheart Consulting to contact them: Yes No Unknown

PRIMARY REASON FOR REFERRAL

- Housing instability / homelessness
- Transitional housing navigation
- Clinical / healthcare navigation
- VA / benefits navigation
- Employment / workforce resources
- Transportation resources
- Financial / basic-needs resources
- Behavioral health resource navigation
- Community resource coordination
- Other

Briefly describe the veteran's current needs, barriers, and reason for referral:

CURRENT HOUSING / STABILITY STATUS

- Currently housed
- At risk of losing housing
- Staying with others
- Shelter / temporary lodging
- Unsheltered
- Unknown

Known immediate barriers or resource needs:

SAFETY / TIME-SENSITIVE INFORMATION

Is there a time-sensitive housing or resource need? Yes No Unknown

If yes, deadline / date:

Best way to reach veteran:

IMPORTANT: Braveheart Consulting is not an emergency response service.
For an immediate threat to life or safety, contact 911 or the appropriate emergency/crisis service.

ADDITIONAL INFORMATION

Relevant information that may help with resource navigation (avoid unnecessary sensitive medical details):

REFERRAL ACKNOWLEDGMENT

By submitting this referral, the referring party confirms that the information provided is accurate to the best of their knowledge and that appropriate permission has been obtained to share information necessary for Braveheart Consulting to contact the veteran and assist with resource navigation. Submission does not guarantee housing, benefits, clinical services, funding, or placement.

Referring Contact Signature:

Date:

FOR BRAVEHEART CONSULTING USE

Date Referral Received:

Initial Contact Date:

Assigned To:

Follow-Up Date:

Accepted for navigation

Additional information needed

Referred to another resource

Unable to contact

Notes:

CONFIDENTIALITY NOTICE: This form may contain private information. Share and store it only through appropriate secure methods. Braveheart Consulting is an independent organization and is not affiliated with the U.S. Department of Veterans Affairs or any federal government agency.