

## 2<sup>nd</sup> Annual GLA Housing VETERANS STAND DOWN

VA Greater Los Angeles Healthcare System  
Community Engagement and Reintegration Services  
11703 Wilshire Blvd, Los Angeles, CA 90073

**October 20, 2016**

### **Veteran PRE-REGISTRATION FORM**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

SSN \_\_\_\_\_ VA Claim# \_\_\_\_\_

Birth Date: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Ethnicity/Race: (circle one) 1. African-American/Black 2. Caucasian/White 3. American Indian/Alaskan Native 4. Pacific Islander 5. Asian 6. Latino/Hispanic

What is your current marital status? (Circle only one)

1. Married 2. Re-married 3. Widowed 4. Separated 5. Divorced 6. Never Married

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Branch of Service: \_\_\_\_\_ From: \_\_\_\_\_ To \_\_\_\_\_  
Army Navy Marine Corps Air Force Coast Guard

Discharge (circle one)

1. Honorable 2. General 3. Other than Honorable 4. Bad Conduct 5. Dishonorable

Served in war Zone? Yes \_\_\_\_\_ No \_\_\_\_\_ Where? \_\_\_\_\_

Do you have a Service-Connected Disability? Yes \_\_\_\_\_ No \_\_\_\_\_ What Percent? \_\_\_\_\_

Have you ever been a patient at a VA Medical Center? Yes \_\_\_\_\_ No \_\_\_\_\_ Where \_\_\_\_\_

Do you require sleeping accommodations at the event? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you attended a previous Stand Down? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please fax all Pre-Registration forms by October 14, 2016 to: Melinda Estes (eligibility) Fax: (310) 268-4765**

**Please bring your DD-214 with you to the stand down**

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**SERVICES NEEDED AT THIS STAND DOWN:** (Put an X beside the services you want to get at the event)

- VASH Housing  GPD Transitional Housing  Bridge Housing  Temporary Shelter  Family Housing
- Substance Abuse Treatment Program  Employment & Training referrals  Legal Services  Vision  Dental
- Clothing  Meals  Transportation  VA Enrollment & Assessment Services  VA Medical/Mental Health services