

Catholic Social Services of RI



Request for Visitor from the Visiting Veteran Corps

Name: _____ Date: _____

Address: _____

Phone: _____

Age: _____ Sex: _____ Marital Status: _____

Homebound: Yes ___ No ___ Live Alone: Yes ___ No ___

Veteran (If yes, please complete supplemental application on next page): Yes ___ No ___

Church Affiliation: _____

Pets: Yes ___ No ___ Smoker: Yes ___ No ___

MEDICAL CONDITIONS

- _____

SPECIAL NEEDS/REQUESTS

- _____

ACTIVITIES/HOBBIES

- _____

CONTACT PERSON

- Name: _____
- Address: _____
- Telephone: _____
- Relationship to Client: _____

REFERRED BY

- Name: _____
- Telephone: _____
- Agency: _____

Veterans Supplementary Information

Was the veteran honorably discharged? Yes / No

Did the veteran serve 90 days on active military duty? Yes / No

Did the veteran serve at least 1 day during a time of war, regardless of location? Yes / No

The Veteran served during:

- World War II (Dec. 7, 1941 – Dec. 31, 1946)
- Korean War (June 27, 1950 – Jan. 31, 1955)
- Vietnam (Feb. 28, 1961 – May 7, 1975)
Agent Orange exposure from Jan 9, 1962 to May 7, 1975
- Gulf War (Aug. 2, 1990 – Nov. 11, 1998)
- Global War on Terror* (Sept. 10, 2001 -)
- Peacetime

Did the Veteran serve overseas? Yes / No

Was the Veteran a POW? Yes / No

Was the Veteran awarded the Medal of Honor? Yes / No

Was the Veteran awarded the Purple Heart? Yes / No

Does the Veteran have a service-connected injury? Yes / No

Is the Veteran disabled? Yes / No

If yes: Service Related _____ and/or Non-Service Related _____
Percentage _____ Date of last evaluation _____

Is the Veteran receiving any VA benefits? Yes / No

If yes: Pension _____ and/or Medical _____

Does the Veteran have dementia or Alzheimer's? Yes / No

Does the Veteran have ALS? Yes / No

Does the Veteran go to the VA? Yes / No

Dates of Service:

Branch of Service

- Army / Reserve
- Air Force / Reserve
- Navy / Reserve
- Marines / Reserve
- Coast Guard / Reserve
- National Guard
- Air National Guard
- Merchant Marines

Please call if you have any questions about the application process.

Please return completed application to:

Linda A'Vant-Deishinni, Outreach Coordinator, 421-7833, x228

Lavant-deishinni@dioceseofprovidence.org

Diocese of Providence

Catholic Social Services of RI

One Cathedral Square

Providence, RI 02903

THANK YOU!