



HOUSES FOR WARRIORS

PO Box 334 Evergreen, Colorado 80439 | (303) 357-1518  
[contact@houseforwarriors.org](mailto:contact@houseforwarriors.org) | [housesforwarriors.org](http://housesforwarriors.org)

Thank you for your interest in Houses for Warriors (HFW). The Warrior House is an intense transitional program designed to help veterans of the U.S. Armed Services that have been or are in peril of being homeless due to struggling with alcohol, drug abuse or any other life-controlling problems. We are a veteran-run holistic program designed to help our warriors realize that they can achieve spiritual and life changing success if they are properly disciplined.

We understand that our application is quite lengthy, please do not let this deter you from applying for our Housing Program. We take great pride in providing our warriors the best possible service.

To qualify for our program, you must meet the following basic criteria (other acceptance criteria may be required):

- (i) Verifiable Military service
- (ii) You are a veteran of the United States Armed Forces
- (iii) You are willing to fully commit to the program and follow all rules and codes of conduct
- (iv) You are ready to change your life and live it to your fullest potential
  - a. This is not a decision to be entered into lightly as it will require much diligence and commitment on your part.

At this time, Houses for Warriors does not provide assisted living or disability care. Once our Warrior Relations team receives your application, it typically takes 7-14 days to make an acceptance decision. Warrior candidates have 30 days to submit all necessary documents. Incomplete applications will not be reviewed after 30 days have elapsed. It is ideal to provide a complete application packet rather than sending portions at a time.

Thank you for your service and your interest in Houses for Warriors.

Regards,

Andrew Canales – Founder/ President



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**WARRIOR APPLICATION FOR: "WARRIOR HOUSE PROGRAM"**

(All previous versions of the Houses For Warriors application are obsolete and will not be accepted.)

The following documents are required to apply for Transitional Housing Program and Assistance at Houses For Warriors:

1. 1. Completed application (this document). \_\_\_\_\_
2. DD Form 214 (Member-4 copy). \_\_\_\_\_
3. If you have multiple periods of service or multiple periods of active duty during which a separate DD-214 was issued, you must provide each document.
4. If you are/were National Guard or Reserve, an NGB Form 22 may suffice, please contact us. \_\_\_\_\_
5. Email a current photo to [contact@housesforwarriors.org](mailto:contact@housesforwarriors.org). Please submit a full-length photo, not a headshot. \_\_\_\_\_
6. Initial all pages next to page number. \_\_\_\_\_

Please sign and date to acknowledge you have completed the application in full.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### Houses For Warriors Application Form

**(All fields required)**

#### **Section 1. APPLICANT INFORMATION & RESIDENTIAL HISTORY**

Full Name: \_\_\_\_\_

Last

First

Middle

Maiden

Social Security Number: \_\_\_\_\_

(SSN is required for background check purposes, applications missing social security numbers will be rejected.)

Birth Date (MM/DD/YY): \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Gender \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Primary E-mail Address: \_\_\_\_\_

#### **Current Address**

(Addresses covering a period of the last ten-years are required.)

(Dates: \_\_\_\_\_ to present)

Street Address

Apartment/Unit #

City

County

State

ZIP Code



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**Previous Address (Required)**

(Dates: \_\_\_\_\_ to \_\_\_\_\_)

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Street Address	Apartment/Unit #
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City    County    State    ZIP Code

**Previous Address (Required)**

(Dates: \_\_\_\_\_ to \_\_\_\_\_)

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Street Address	Apartment/Unit #
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City    County    State    ZIP Code

Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed  
\_\_\_\_\_ Domestic Partnership

Emergency Contact Name: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_ Phone number: \_\_\_\_\_

Personal Reference & Phone Number: \_\_\_\_\_  
Personal Reference & Phone Number: \_\_\_\_\_



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I understand that Houses For Warriors may contact the above listed personal references and authorize them to do so, and the personal reference to disclose information about me, as an applicant.

**Initials:** \_\_\_\_\_

This application must be in the words of the person applying to be considered. If you had assistance filling out this application, please list the contact information of the person who assisted:

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Phone number: \_\_\_\_\_



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**Section 2. HOUSEHOLD**

How many people live in your household? \_\_\_\_\_

Please give names/ages/relationship to you:


Do you own or rent your home?

Own

Rent



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**Section 3. MILITARY INFORMATION**

(Please be aware that Houses For Warriors may request information via the Freedom of Information Act (FOIA) regarding your military service, for verification purposes, and your signature on this document is your acknowledgment and permission for us to conduct this check.)

**REQUIRED**

Branch(es) of Service: \_\_\_\_\_

Rank: \_\_\_\_\_ Pay Grade: \_\_\_\_\_

MOS/Rate: \_\_\_\_\_

**Please list all periods of service.**

Entered service (date): \_\_\_\_\_ Discharged (date): \_\_\_\_\_

Entered service (date): \_\_\_\_\_ Discharged (date): \_\_\_\_\_

Entered service (date): \_\_\_\_\_ Discharged (date): \_\_\_\_\_

Type of Discharge:

\_\_\_\_\_



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Service History: Please list your last four permanent duty stations and the dates.

1. Location \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

2. Location \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

3. Location \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

4. Location \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Deployment History: Please list deployments (i.e. Iraq, Afghanistan) and the dates.

1. Location \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

2. Location \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

3. Location \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

4. Location \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Please list your highest or most notable military award or decoration(s):

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**Section 4: BIOGRAPHICAL INFORMATION:**

Please tell us about yourself. Include a description of a typical day in your life.

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How do you deal with your anger and stress?

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Please provide an example of a time when you were faced with an emotional conflict and the steps used to resolve the conflict:

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How do you deal with personal confrontation?

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In your own words, describe how transitional housing and assistance will help you to be more independent and more productive both at home and in your community – please be as specific as possible. Attach an additional sheet if necessary.

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What is your primary disability?

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Please describe and rate your physical strength:

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Activity level - On a scale of 1-10, please rate your activity level: \_\_\_\_\_

(Activity is the amount of movement you may do throughout the day.)

Mobility level - On a scale of 1-10, please rate your mobility level: \_\_\_\_\_

(Mobility is the ability to move your body.)

Medications:

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Do you have any allergies to medication? Yes No

If yes, please list:

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Dominant Hand: \_\_\_\_\_ Right \_\_\_\_\_ Left

Do you have a history of falling? If so, how often? When did you last experience a fall?

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Do you have a history of seizures? If so, how often? When did you last have a seizure?

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Primary Physician - Name: \_\_\_\_\_

Primary Physician - Phone: \_\_\_\_\_

Any Adaptive Equipment Being Used? (please list specific details, if applicable, in the space provided for each assistive device):

Wheelchair (Manual or Power): \_\_\_\_\_

Power 3-Wheel Cart: \_\_\_\_\_

Crutches: \_\_\_\_\_

Braces: \_\_\_\_\_

Prosthesis: \_\_\_\_\_



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Cane (list frequency of use and hand in which you hold the cane):

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Walker: Type (specify): \_\_\_\_\_

Please list any physical limitations, significant medical conditions or illnesses, injuries or surgeries about which we need to be aware:

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How does your disability affect your daily life? What are your functional limitations? Describe problems such as carrying items, walking distances, leaving home on your own, ability to be in crowds, ability to be in large groups, driving a car, or any others.

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Please describe any other limitations you may have such as mobility, reaction speed, balance, vision, speech, heat/cold sensitive, learning impairments, or anything else you feel we should know to best accommodate your needs.

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Do you handle any of the following by yourself? Please note if any of the following is done with assistance and who provides the support.

Routine medications: \_\_\_\_\_

Finances: \_\_\_\_\_

Housecleaning: \_\_\_\_\_

Meals: \_\_\_\_\_

Getting dressed: \_\_\_\_\_

Running errands: \_\_\_\_\_

Personal care: \_\_\_\_\_

Do you have a history of alcohol/substance abuse? Yes No If yes, please explain:

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**Section 5. LEGAL HISTORY**

It is the policy of Houses For Warriors to conduct a background check on all applicants. Being charged with or convicted of a crime does not necessarily disqualify an applicant. Please be honest and thorough with your answers.

Have you been charged with, or convicted of a felony?                      Yes                      No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Have you been charged with, or convicted of a misdemeanor?                      Yes                      No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Have you been charged with, or convicted of any criminal traffic violations?                      Yes                      No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Have you ever received other traffic violations?                      Yes                      No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_





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Have you been arrested at any time, for anything, in the last 36 months?

Please annotate arrest(s) even if it did not result in a conviction. I

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a history of violence?    Yes                  No

Have you ever become so angry/frustrated that you have struck someone?

Yes                  No

Have you ever become so angry/frustrated that you have struck an animal?

Yes                  No



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**Section 6. CONSENT TO CONTACT**

I, \_\_\_\_\_, give consent for the individuals listed below to release to Houses For Warriors, Inc. information relating to my current health, mental health, and home/work/school environments. I understand that the information requested is confidential, will not be released to any person or agency outside Houses For Warriors, and will be used for the sole purpose of assessing my qualifications for HFW programs.

Please list the names, addresses, and phone numbers of those who are applicable:

Primary Doctor & Phone Number: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

\_\_\_\_\_

Psychologist/Psychiatrist & Phone Number: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

\_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Section 7. CERTIFICATION AND SIGNATURE

I certify that, to the best of my knowledge and belief, the information provided in this document truly represents my needs and present situation. I understand that my failure to provide complete, accurate, and honest information herein will permanently disqualify me from the Houses For Warriors, Inc's ("HFWs") program and will result in my immediate removal from either the program or waiting list.

Initials: \_\_\_\_\_

I understand that Houses For Warriors reserves the right to remove any accepted, or scheduled, applicant/candidate from the waiting list, at any time, for any reason.

Initials: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_