



ServiceSource

Veteran's Mall Application

Date	
Participant Name	Have you ever been diagnosed with a brain injury, including stroke or concussion? Yes No If so, when? _____ (please just provide year of injury)
Telephone Number	
Address	
Referred by (Case Manager Name and Agency)	HUD/VASH Voucher Copy? Yes No
Items Needed	Household Items _____
<i>Check what was taken</i>	Interview Clothes _____
Signature of veteran _____	Signature indicates acknowledgement that items are to be used expressly by the veteran in their new home. Items may not be sold, exchanged, traded, or given away at any time. If items are no longer needed, they should be returned to the Veterans Mall.
Signature of ServiceSource staff _____	