

Referral Add-On: VA Referrals

Complete this page only for veterans referred by VA staff. Attach it to the Referral Form (B1).

VA Referring Staff

VA facility:

Program: ☐ HCHV / Homeless Program ☐ Substance Use Program ☐ Mental Health ☐ Social Work ☐ Other

VA staff name: Title:

Phone: Email:

Veteran

Veteran name:

Enrolled in VA health care? ☐ Yes ☐ No ☐ Unknown

VA Form 10-5345 signed (VA may share information)? ☐ Yes ☐ No

Hoosier Sober Living release (Form B2) signed? ☐ Yes ☐ No

Housing & Payment

Expected payment source: ☐ Veteran self-pay (income/benefits) ☐ VA contract ☐ Other

Has a VA fiduciary? ☐ Yes ☐ No

If yes, fiduciary name & phone:

Also connected to: ☐ HUD-VASH ☐ SSVF ☐ Veterans Treatment Court ☐ None

Permanent housing plan / next step:

VA Follow-Up Requested

☐ Move-in confirmation ☐ Monthly check-in ☐ Notify VA if veteran leaves ☐ Other:

Updates are shared only as allowed by the signed releases

VA staff signature

Date

Hoosier Sober Living does not give or receive anything of value for referrals.