



**AGENCY REFERRAL FOR SERVICES TO T.R.O.O.P.S.**  
*(Training, Reintegration, Outreach & Opportunity Program Services)*



8995 Roswell Road, Sandy Springs, GA 30350 PH: 770-609-0478 Fax: 770-729-4486 (Address to T.R.O.O.P.S.)

**AGENCY INFORMATION**

Date:		Name of Agency:	
Contact Name:		Contact Phone:	
Contact Email:			
Agency Address:			

**VETERAN'S PRIMARY INFORMATION**

Veteran's Name:		Gender: M <input type="checkbox"/> F <input type="checkbox"/>
If male, are you the primary caretaker of dependents under the age of 18?	Yes* <input type="checkbox"/> No <input type="checkbox"/>	
If yes, how many dependent children do you have under the age of 18?		
<i>*If YES, you will need to provide supportive documents BEFORE you can enroll in T.R.O.O.P.S.</i>		
Phone:	Email Address:	
Address or Physical Location:		

**VETERAN'S ADDITIONAL INFORMATION**

Have you served at least one day on Active Duty? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have an other than dishonorable discharge? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a DD214? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have a photo ID? (Federal or State?) Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you homeless, in a shelter, or staying in an emergency or transitional housing? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you experienced homelessness within the past 60 days? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Will you be evicted or need to leave your housing within the next 60 days? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you receiving services from or living in HUD-VASH, SSVF or Shallow Subsidy? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you looking for work Yes <input type="checkbox"/> No <input type="checkbox"/>	Can you be immediately employed? Yes <input type="checkbox"/> No* <input type="checkbox"/>
<i>*If NO, what are the current barriers that are preventing you from employment other than homelessness? (i.e., disabilities, mental health concerns, substance abuse, criminal history, etc.)</i>	

**VETERAN REFERRAL STATUS**

Veteran applied for T.R.O.O.P.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>	Veteran attended assessment/enrollment? Yes <input type="checkbox"/> No <input type="checkbox"/>
Veteran enrolled in T.R.O.O.P.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what is date of enrollment?
If no, why did Veteran not enroll?	

**T.R.O.O.P.S.** is a Homeless Veterans Reintegration Program funded by the U.S. Department of Labor- Veterans Employment and Training Service, designed to exclusively address and meet the employment needs of our country's female Veterans; and male Veterans with dependent children; who are homeless, have recently experienced homelessness or are at risk of being homeless.