**Veteran’s Service Organization Information**

***In order to best serve Veterans, please provide the following information to be included in the PVSON Military Resource Guide.***

New organization

 [ ]

Updated Information

 [ ]

**Organization Contact Information**

|  |  |
| --- | --- |
| *Organization name* | *Street Address* |
| *Phone Number* |  |  |  |
| *Point of Contact (First, Last)* *Position/Title* | *City*  *State* *Zip* |
|  *Website* |
|  |

*Email*

**Operational Information**

**Services Provided:**

Other (Please describe below)

Health/Dental

Legal Assistance

Employment Assistance

Recreational Activities

Food (Meals or Groceries)

Transportation

Housing Assistance

Mental Health

Benefits Assistance

Finance Assistance

Utilities Assistance

|[ ] [ ] [ ]
|  |
|[ ] [ ] [ ]
|[ ] [ ] [ ]
|[ ] [ ] [ ]

**(Please include explanations for any questions marked “YES” on the back of this form).**

**No**

**No**

**No**

**Yes**

|  |
| --- |
| **Yes***Does this organization have a specific military service requirement? (i.e., era, time in service, discharge, etc.)**Are there fees associated with the services provided?* |[ ] [ ]
| **Yes***Does the organization require any specific documentation? (i.e., DD214, eviction notice, etc.)* |[ ] [ ]
|  |[ ] [ ]

***Please include any additional information about the services provided by the organization (including explanations to the questions on the front of the form) in the space below.***

|  |
| --- |
|  |

**Submit**