

Peer Housing Location Assistance Group (PHLAG)
VETERAN CONTACT / LOCATOR INFORMATION

As you know, PHLAG is a new way that the VA is trying to help veterans find housing. We are one of only 6 test-sites in the country where PHLAG is currently available. Therefore, the VA Central Office has asked personnel at a research center in Baltimore (the VISN-5 MIRECC) to gather information about whether PHALG works – whether it is meeting your needs and helping you obtain housing.

As part of this, the MIRECC evaluators are asking each veteran participating in PHLAG to complete a couple of short forms at the beginning, during, and at the end of their PHLAG participation. This form is one of those. It asks how you prefer us to get in touch with you about PHLAG. Thank you for your help in assessing whether PHLAG is useful for you.

PHLAG site: _____

This form asks for information that will help us get in touch with you. We will only use it to contact you about PHLAG and will not give this information to others

1. YOUR NAME: _____

NICKNAMES(s)?: _____

2. WHERE DO YOU CURRENTLY RECEIVE YOUR MAIL?

ADDRESS & APT#: _____

CITY, STATE, ZIP: _____

3. WHAT IS THE BEST PHONE NUMBER TO CALL YOU?

AREA CODE AND PHONE NUMBER: _____

4. DO OTHER PEOPLE LIVE AT THAT NUMBER? IF SO, WHO?

NAME:

RELATIONSHIP:

5. OTHER PHONE NUMBER(S) WHERE YOU CAN BE REACHED?

Whose phone is this? _____

**6. DO YOU HAVE AN EMAIL ADDRESS AT WHICH WE COULD CONTACT YOU?
IF SO, PLEASE WRITE IT IN BELOW:**

**7. PLEASE WRITE IN THE NAME AND CONTACT INFORMATION FOR THREE
PEOPLE WE COULD CONTACT TO GET A MESSAGE TO YOU IF WE CANNOT REACH
YOU THROUGH THE INFORMATION ABOVE**

(1) NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

PHONE NUMBER: _____ WORKS DAYS / NIGHTS? _____

EMAIL: _____

(2) NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

PHONE NUMBER: _____ WORKS DAYS / NIGHTS? _____

EMAIL: _____

(3) NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

PHONE NUMBER: _____ WORKS DAYS / NIGHTS? _____

EMAIL: _____

8. ADDITIONAL CONTACT INFORMATION.

Is there a social worker, case manager, psychiatrist, or other provider with whom you have regular contact, and who it would be OK for us to contact if we cannot contact you through any of the ways above?

(1) NAME: _____ RELATIONSHIP: _____
ADDRESS: _____
PHONE NUMBER: _____ WORKS DAYS / NIGHTS? _____
EMAIL: _____

(1) NAME: _____ RELATIONSHIP: _____
ADDRESS: _____
PHONE NUMBER: _____ WORKS DAYS / NIGHTS? _____
EMAIL: _____

PERMISSION

I give my permission for the staff at the Peer Housing Location Assistance Group (PHLAG) pilot project to contact me or any of the individuals listed on this form in order to locate me for PHLAG purposes. I give my permission for the PHLAG staff to leave a message with these individuals if needed. I understand that no confidential information about me will be released and that the information on this form will only be used for PHLAG purposes and not given to others.

Signature of Participant

Date

Signature of Staff witnessing

Date