



## **Betsy Ross Hall for Women Veterans Transitional Housing Program**

### **Admissions Checklist and Instructions**

A completed Admissions Packet is required for screening and acceptance to Betsy Ross Hall for Women Veterans (BRVets). The willful withholding or the intentional falsification of information during the application and/or admissions process will render the applicant disqualified from program admission. Please compile the following documents for submission.

- ☐ **Initial Program Application (*attached*)**  
*To be completed by the applicant with assistance from referral source\*.*
- ☐ **Admission Criteria for BRVets**  
*To be read and signed by applicant.*
- ☐ **VA Request for and Authorization to Release of Medical Records**  
*To be read and signed by applicant.*
- ☐ **Request For Conviction/Criminal History Record and Consumer Reports**  
*To be completed and signed by applicant.*
- ☐ **Proof of Honorable or General (under honorable conditions) Discharge**  
*DD214 or VA Statement of Service*
- ☐ **Verification of income (*if applicable*)**  
*Applicants who receive income from work, benefits, or any other source must provide verification of income (ex. Award letter from VA, DSHS, Social Security; Proof of retirement income (DoD)).*

\* "Referral source" is the social worker, case manager, provider or professional.

# BRVets – Program Application

## VETERAN INFORMATION

First Name, M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender: ☐ Male ☐ Female

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Race/Ethnicity: (check all that apply) ☐ Caucasian ☐ African-American ☐ Latino ☐ Arab ☐ Asian  
☐ Native American ☐ Pacific Islander ☐ Other \_\_\_\_\_

Phone Number\*: (\_\_\_\_) \_\_\_\_\_ (circle one) Cell Voicemail Other \_\_\_\_\_

\* If you don't have a phone #, how can we contact you? \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ (circle one) Cell Voicemail Other \_\_\_\_\_

## MILITARY HISTORY

Enlistment Date: \_\_\_\_\_

Military Era: (check all that apply)

Discharge Date: \_\_\_\_\_

☐ Vietnam ☐ Vietnam Era ☐ Peacetime

Type of Discharge:

☐ Persian Gulf ☐ OIF/OEF (9/11/2001 - present)

☐ Honorable or General (Under Honorable Conditions)

Combat Experience: ☐ Yes ☐ No

☐ Other Discharge: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

## HOUSING HISTORY

Current Address: \_\_\_\_\_

Type of Housing: ☐ Shelter (name) \_\_\_\_\_

☐ VA Domiciliary ☐ Family/Friend's ☐ Outdoors

How long can you stay here: \_\_\_\_\_

☐ Automobile/Motor Home ☐ Other \_\_\_\_\_

Duration of current episode of homelessness:

# of Previous homelessness episodes: \_\_\_\_\_

(# of days/months/years) \_\_\_\_\_

Total length of homelessness in lifetime (approx): \_\_\_\_\_

Factors contributing to current episode of homelessness: (check all that apply)

☐ Financial Hardship

☐ Drugs

☐ Mental Abuse

☐ Other \_\_\_\_\_

☐ Health Issues

☐ Alcohol

☐ Sexual Abuse

☐ Other \_\_\_\_\_

☐ Mental Health Issues

☐ Domestic Violence

☐ Physical Abuse

☐ Other \_\_\_\_\_

Housing History: (List any evictions, unpaid rent, broken leases, back rent owed, etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## HEALTH HISTORY – Physical & Mental Health

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Enrolled in VA Healthcare? ☐ Yes ☐ No    If Yes, ☐ Seattle VA ☐ American Lake VA ☐ Other \_\_\_\_\_

Primary Care Provider's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Current Health Concerns: *(check all that apply)*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Mental Disability            | <input type="checkbox"/> Suicidal Thoughts   | <input type="checkbox"/> Diabetes        |
| <input type="checkbox"/> Post Traumatic Stress (PTSD) | <input type="checkbox"/> Homicidal Thoughts  | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Depression                   | <input type="checkbox"/> Hypertension        | <input type="checkbox"/> Cancer          |
| <input type="checkbox"/> Anxiety/ Fear                | <input type="checkbox"/> Hallucinations      | <input type="checkbox"/> Other _____     |
| <input type="checkbox"/> Alcohol Addiction            | <input type="checkbox"/> Schizophrenia       | <input type="checkbox"/> Other _____     |
| <input type="checkbox"/> Drug Addiction               | <input type="checkbox"/> Physical Disability |  |

List any additional current health concerns and/or relevant health history:

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List all current medications prescribed: *(include condition treated and prescribing doctor or clinic)*

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Does the veteran require special meals?    ☐ Diabetic    ☐ Vegetarian    ☐ Vegan    ☐ Other \_\_\_\_\_

List any special dietary concerns: *(e.g. soft foods, allergies, lactose intolerant, religious mandate)* \_\_\_\_\_

## LEGAL & CRIMINAL HISTORY *(MUST be completed by veteran)*

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List ALL Current Legal Issues:

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Criminal History: *(note any incidents that will be discovered in a background check, including dates)*

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## EDUCATION

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Last Grade Completed in US: \_\_\_\_\_ Last Grade Completed in Foreign Country: \_\_\_\_\_

Schooling Completed: *(check all that apply)*

- |   |   |
|---|---|
| <input type="checkbox"/> No High School Diploma | <input type="checkbox"/> Associate Degree (2 years beyond H.S.) |
| <input type="checkbox"/> High School Diploma    | <input type="checkbox"/> Bachelor Degree (4 years beyond H.S.)  |
| <input type="checkbox"/> G.E.D.                 | <input type="checkbox"/> Masters Degree or Doctorate Degree     |

Does the veteran wish to pursue any additional education or training?    ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Is the veteran currently using or eligible for VA educational benefits (ex. GI Bill, Chapter 33)?    ☐ Yes ☐ No

If yes, give details: \_\_\_\_\_

## TRANSPORTATION

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp: \_\_\_\_\_ Is it Valid? ☐ Yes ☐ No

Does veteran have an automobile? ☐ No ☐ Yes If Yes, ☐ Own ☐ Buying ☐ Leasing ☐ Other \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Is the automobile insured? ☐ Yes ☐ No Insurance Company: \_\_\_\_\_ Exp: \_\_\_\_\_

## INCOME & DEBTS

Note total monthly income and the source(s).

Employment	\$ _____	VA Disability	\$ _____	Retirement	\$ _____
Unemployment	\$ _____	VA Pension	\$ _____	Other	_____ \$ _____
GAU	\$ _____	VA Retirement	\$ _____	Other	_____ \$ _____
GAX	\$ _____	Social Security	\$ _____	Other	_____ \$ _____

Total Monthly Income: \$ \_\_\_\_\_

List any monthly expenses, debts, or financial responsibilities: (*child support, legal fees, school loans, bills, etc.*)

_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____

Total Monthly Payments: \$ \_\_\_\_\_

Has veteran applied for any financial benefits? (*VA claim, Social Security, Unemployment, etc*) ☐ Yes ☐ No

If Yes, give details: \_\_\_\_\_

## EMPLOYMENT HISTORY

Employment Status:

- ☐ Employed  
☐ Unemployed - Looking for Work (*see below*)  
☐ Unemployed - Not Looking for Work (*see below*)  
☐ Retired or Otherwise Not Looking for Work

Seeking Employment: ☐ Yes ☐ No

Recently Laid off or Fired: ☐ Yes ☐ No

If unemployed, reasons for unemployment: (*check all that apply*)

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Health Issues          | <input type="checkbox"/> Educational Barriers    | <input type="checkbox"/> Drugs       |
| <input type="checkbox"/> Mental Health Issues   | <input type="checkbox"/> No training             | <input type="checkbox"/> Alcohol     |
| <input type="checkbox"/> Lack of Transportation | <input type="checkbox"/> Insufficient job skills | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Discrimination         |  | <input type="checkbox"/> Other _____ |

Please list Employment History on the next page.

*By signing below, I certify that all my responses are true and correct to the best of my knowledge, and hereby authorize verification of all information included in this application.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## EMPLOYMENT HISTORY – Con't

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Most Recent Employer: \_\_\_\_\_

City, State: \_\_\_\_\_

Job Type: ☐ Part Time    ☐ Full Time (30 or more hrs/wk)

Job Duties: \_\_\_\_\_

\_\_\_\_\_

Occupation/Job Title:

\_\_\_\_\_

Start Date: (mo/yr) \_\_\_\_\_

End Date: (mo/yr) \_\_\_\_\_

# Hours Per Week: \_\_\_\_\_

Salary: \$ \_\_\_\_\_

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Previous Employer: \_\_\_\_\_

City, State: \_\_\_\_\_

Job Type: ☐ Part Time    ☐ Full Time (30 or more hrs/wk)

Job Duties: \_\_\_\_\_

\_\_\_\_\_

Occupation/Job Title:

\_\_\_\_\_

Start Date: (mo/yr) \_\_\_\_\_

End Date: (mo/yr) \_\_\_\_\_

# Hours Per Week: \_\_\_\_\_

Salary: \$ \_\_\_\_\_

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Previous Employer: \_\_\_\_\_

City, State: \_\_\_\_\_

Job Type: ☐ Part Time    ☐ Full Time (30 or more hrs/wk)

Job Duties: \_\_\_\_\_

\_\_\_\_\_

Occupation/Job Title:

\_\_\_\_\_

Start Date: (mo/yr) \_\_\_\_\_

End Date: (mo/yr) \_\_\_\_\_

# Hours Per Week: \_\_\_\_\_

Salary: \$ \_\_\_\_\_

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Previous Employer: \_\_\_\_\_

City, State: \_\_\_\_\_

Job Type: ☐ Part Time    ☐ Full Time (30 or more hrs/wk)

Job Duties: \_\_\_\_\_

\_\_\_\_\_

Occupation/Job Title:

\_\_\_\_\_

Start Date: (mo/yr) \_\_\_\_\_

End Date: (mo/yr) \_\_\_\_\_

# Hours Per Week: \_\_\_\_\_

Salary: \$ \_\_\_\_\_

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Previous Employer: \_\_\_\_\_

City, State: \_\_\_\_\_

Job Type: ☐ Part Time    ☐ Full Time (30 or more hrs/wk)

Job Duties: \_\_\_\_\_

\_\_\_\_\_

Occupation/Job Title:

\_\_\_\_\_

Start Date: (mo/yr) \_\_\_\_\_

End Date: (mo/yr) \_\_\_\_\_

# Hours Per Week: \_\_\_\_\_

Salary: \$ \_\_\_\_\_

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## **Betsy Ross Hall for Women Veterans Admission Criteria**

Betsy Ross Hall for Women Veterans (BRVets) provides a unique opportunity for women veterans in need of a home to once again become self-sufficient and productive members of the community. In a structured, safe, and supportive environment, clients will receive client-centered case management services and life skills training to return to independent living, increased self-determination, and employment.

While clients work towards their goals and objectives, they will be provided additional services that may include traditional Chemical Dependency treatment and 12-step orientation, Cognitive Behavior Therapy, and Mental Health Counseling. The Puget Sound VA Health Care System at American Lake and Seattle will provide medical treatment for those clients who qualify for VA Healthcare. If ineligible for VA Healthcare, clients will be expected to apply for medical coupons through DSHS or obtain medical insurance through their employer.

PLEASE NOTE: Clients of BRVETS are not residents of the Washington Soldiers Home at Orting.

### **Eligibility**

- 1) Applicant must be a veteran with an Honorable Discharge or a General Under Honorable Discharge (*case by case basis*).
- 2) Applicant must be homeless for one or more nights.
- 3) Applicant must have a minimum of 30 days of clean and sober time.
- 4) Applicant must not have the following convictions: violence, sex offence, arson. Applicants will receive criminal background checks prior to admission.
- 5) Applicant must have an income source or are working toward developing an income source.
- 6) Applicant is required to pay 30% of net monthly income towards rent and to save 20% of income to facilitate transition to independent living.
- 7) Applicant must be employable or have the desire to obtain life skills leading towards independent living.
- 8) Applicant is required to provide unassisted self-care. Self-care includes, but is not limited to: waking up, getting into or out of bed, eating, bathing, using the toilet.
- 9) Applicant will take all medications as prescribed.
- 10) Applicant must be able to co-exist in a cooperative living environment and be able to respond positively to behavioral redirection.
- 11) Applicant will attend regular house meetings.
- 12) As part of the treatment plan, the applicant may be required to attend group and/or individual counseling with a Mental Health or Chemical Dependency professional.
- 13) As part of the case management plan, the applicant may be required to participate in job search activities, vocational assessment, resume preparation and volunteer work opportunities on-site and in the community.
- 14) As part of the case management plan, applicant is required to seek independent housing opportunities for future housing needs.
- 15) As part of the case management plan, applicant may agree to follow-up case management services for 180 days after completion of the program.

*The applicant's signature indicates understanding of and willingness to follow the program rules and expectations set forth in this document.*

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



## **Betsy Ross Veterans**

### **Program Rules and Expectations**

- 1) The Washington Soldiers Home campus, including Betsy Ross, is drug-free and alcohol-free. All veterans are expected to remain clean and sober for the duration of their stay in the program (to include any length of stay away from the program). Drug testing upon admittance and random drug testing will be conducted throughout the program stay.
- 2) Violence in any form **will not** be tolerated; to include, physical, verbal, mental and emotional abuse.
- 3) The possession or use of guns, knives, utility knives, box cutters, ammunition, fireworks, and/or any other items which can potentially be used as a weapon are prohibited. Keeping weapons in your vehicle on the grounds is **not** permitted.
- 4) Veterans who wish to have a vehicle on the Washington Soldiers Home property **must** submit proof of valid insurance, valid registration, and a valid Driver's License. Vehicle maintenance must be done off campus. Veterans **must** park in designated Betsy Ross veterans parking.
- 5) Sexual harassment, sexually suggestive comments, inappropriate or offensive materials, and fraternization **will not** be tolerated. Sexual contact between veterans is not permitted in order to encourage safe space in the house. Veterans are **not** permitted to have a male enter their room at any time.
- 6) The borrowing and loaning of money, transportation or other items of importance between veterans is highly discouraged.
- 7) All veterans are expected to pay a program fee of 30% of their income or the HUD fair market value for Pierce County; whichever is less. Income verification is required upon admittance to the program to include: Award letters, paystubs, bank statements, or verification of enrollment in a government program.
- 8) Weekly community house meetings are **mandatory** for all veterans to attend. The meeting is held on Monday at 1330 in the living room.
- 9) All veterans are expected to complete assigned program chores and sign off daily. If there is a medical condition or request for light duty, you must provide a doctor's note to your case manager.
- 10) Veterans are to maintain the cleanliness of their own room to include; the bed to be made neatly each day, trash being taken out regularly, and personal items organized and stored. No outside furniture items are permitted in assigned rooms. Only the items provided by Betsy Ross are permitted. The program has the right to confiscate any and all unauthorized appliances.

- 11) Veterans are expected to maintain good personal hygiene inside and outside of the facility. Veterans are required to dress in clothing which is clean, mended, and free of holes or tears that may be considered indecent. A veteran may not walk in the halls covered only by a towel, or an open bathrobe, or in under garments.
- 12) All veterans are required to participate in fire drills. Evacuation of the building by all veterans is required immediately after the fire alarm sounds. The use of candles, incense and/or storage of explosive or flammable substances is prohibited.
- 13) State and Federal law prohibits smoking and the use of smokeless tobacco inside the facility. Smoking and the use of smokeless tobacco are not permitted within 25 feet of building doors.
- 14) Damage to the facility, furnishings, or the property of other veteran's personal items will not be tolerated. The theft of program property or the property of staff or any veterans is not permitted. Veterans are asked to report any missing or stolen items to staff promptly. Veterans are responsible for the security of their possessions.
- 15) Staff will conduct random room inspections and are authorized to enter a veteran's room without notice at any time. All locks in the building must be provided by the program. The program reserves the right to open or remove any lock or locking device in the facility.
- 16) Veterans are required to submit an active medications list and keep all medications (physician prescribed and over-the-counter) locked in the medication locker provided in the veteran's room.
- 17) Curfew is at 2300 each night. Veterans may not leave the facility between 2300 and 0400 unless preapproved by staff. Quiet hours are between 2300 and 0600.
- 18) Veteran's visitors are subject to program rules and regulations. Visitors must remain in community areas of the building and are not permitted in veterans rooms. All visitors must sign in and out of the log book. Visiting hours are Monday – Friday 1730 – 2100; Saturdays, Sundays, and holidays from 1100 – 2100. Visitors are not allowed to eat in the dining facility.
- 19) Veterans are required to sign in and out of the facility prior to leaving the campus.
- 20) After completing the initial 30 day stabilization period veterans may request an overnight pass from their case manager. Overnight passes may be approved for up to 72 hours. Approval of overnight passes is contingent upon program compliance.
- 21) Veterans are expected to comply with all program rules and policies, and directions given by staff. Veterans are expected to behave in a respectful manner with other veterans, staff, and visitors. Discrimination of any kind will not be tolerated.

**If for any reason a veteran is non-compliant with any program rule and/or policy it may result in disciplinary action and/or immediate discharge from the program.**

**Veterans** \_\_\_\_\_

**Staff** \_\_\_\_\_

**Date** \_\_\_\_\_

**Date** \_\_\_\_\_





## **Betsy Ross for Women Veterans**

# **Acceptance of Program Rules & Expectations**

I, \_\_\_\_\_, confirm that I have been provided with the Program Rules & Expectations, and I agree to abide by the rules and regulations documented herein. I will discuss any questions I may have with program staff.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date



## **Betsy Ross Hall for Women Veterans Rent Policy**

While creating the case plan with the client, the case manager will determine the individual rental amount to be paid to the program. An important criterion of the case plan, paying monthly rent provides the client with the opportunity to utilize budgeting skills and to take financial responsibility for their housing. Paying monthly rent also maintains a rental history for the client while in the program, which will aid in the transition to future housing.

**RENT DETERMINATION:** Rent will be computed individually for each client at 30% percent of the net monthly income, not to exceed \$350.00 per month. Clients without income will not pay rent.

**INCOME VERIFICATION:** During the client intake with the case manger, the client will provide documentation for all income sources. Income includes but is not limited to permanent employment, temporary employment or day labor, pensions, retirement, state benefits, VA benefits. The client may also report outstanding financial obligations to determine the net monthly income.

Any intentional withholding of information is grounds for discharge from the program. The client is responsible to report any change in income to the case manager within 2 working days of notice and/or receipt. Any change in income will require the following month's income to be re-calculated by the case manager.

**DUE DATE:** Rent is due by the first (1<sup>st</sup>) day of the month, with a grace period until the fifth (5<sup>th</sup>). Clients unable to pay rent for any reason must contact her case manager before the first day of the month.

**LATE FEES:** Insufficient payment or non-payment will result in late fees, and is grounds for disciplinary action and possible discharge from the program. Late fees will begin to accrue on the sixth (6<sup>th</sup>) day of each month. A one-time \$10.00 late payment fee will be charged plus \$1.00 per day until rent has been completely paid, not to exceed \$20.00 per month.

**RENT PAYMENT:** Payments must be in the form of money order or certified check and made payable to "WestCare Foundation." Cash and personal checks will not be accepted. The client is responsible for delivering the rent payment to the Service Coordinator personally. Payment may not be put under doors or given to other clients for delivery.

*Your signature below indicates that you have read, understand, and agree to the terms found in this document.*

**Client Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Request for Criminal History Consumer Report

Company Name \_\_\_\_\_ (Representative) \_\_\_\_\_

### APPLICANT AUTHORIZATION TO OBTAIN INVESTIGATIVE BACKGROUND REPORT

In connection with my application for employment or promotion or other job change, I hereby instruct and authorize \_\_\_\_\_ (the "Company") to obtain an INVESTIGATIVE CONSUMER REPORT on me that will include information as to my character, general reputation, personal characteristics and mode of living. This report may reveal information about my work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment. Such a report may be requested by the Company or on behalf of the Company. Further, I understand and agree that the Company and/or the below-named Consumer Reporting Agency may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, credit history, criminal record, civil matters, previous employment, educational background and professional licensing, if any. This report will be ordered from the below-named Consumer Reporting Agency:

Background Investigations, Inc.  
PO Box 3366  
Lynnwood, WA 98046-3366  
(888) 338-1550  
<http://www.wedobbackgroundchecks.com>

### APPLICANT'S PERSONAL INFORMATION:

Name: \_\_\_\_\_  
(Please Print) (First) (Middle) (Last)

#### Other names used and dates of use:

1. \_\_\_\_\_ Dates: \_\_\_\_\_
2. \_\_\_\_\_ Dates: \_\_\_\_\_
3. \_\_\_\_\_ Dates: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ DL#: \_\_\_\_\_ State: \_\_\_\_\_

Date of birth\* \_\_\_\_\_ Place of birth: \_\_\_\_\_ (County and State, or Country)

\*Used for positive identification, required.

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Have you been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details (date, crime, location).

Note: Disclosure of convictions does not automatically disqualify you for employment.

#### List addresses, cities, states and counties of residence you have lived for the past seven years.

Address	City	State	County	From	To
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

## Request for Criminal History Consumer Report

### DISCLOSURES TO UNDERSIGNED APPLICANT

This is written notice from the Company that an investigative consumer report is being obtained from a consumer reporting agency (CRA) for employment purposes. The undersigned applicant hereby instructs, authorizes and requests any present or former employer, school, police department, financial institution, division of motor vehicles, or other persons or agencies having personal knowledge about the undersigned applicant to furnish the above-named Consumer Reporting Agency with any and all information in their possession regarding the undersigned applicant, in connection with an application for employment. The undersigned applicant hereby instructs, authorizes and requests that a photocopy of this authorization be accepted with the same authority as the original.

Under the federal Fair Credit Reporting Act (FCRA) and other applicable state law, you have certain rights with regard to consumer reports obtained for employment purposes including, upon request, disclosure of information on you in the reporting agency's file at the time of the request, including the identification of persons who have procured a consumer report concerning you, and reasonable opportunity to respond to any information in the report that is disputed by you. The FCRA, 15 U.S.C. 1681, is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). You can obtain a copy of any investigative consumer report obtained by Background Investigation, Inc. Request for disclosure of the reporting agency's file should be made in writing within a 60 day time period to Background Investigations, Inc., PO Box 3366, Lynnwood, WA 98046-3366.

If a consumer investigative report is obtained and an adverse decision is made affecting your employment, the Company will provide to you, before making the adverse decision, a copy of the investigative consumer report and a copy of the Federal Trade Commission Publication, A Summary of Your Rights Under the Fair Credit Reporting Act.

The undersigned applicant hereby acknowledges that he/she (i) has read or has had read to him/her the above authorization and disclosures, (ii) has understood it, (iii) had the opportunity to consult with and discuss this form with his/her attorney prior to signing this document, and (iv) agrees to be fully bound by it.

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Applicant Signature

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Date

EMPLOYER CERTIFICATION TO CONSUMER REPORTING AGENCY; By submitting this order to the above-referenced Consumer Reporting Agency, the undersigned Company and individual agent signing on behalf of the Company expressly certifies to the above-referenced Consumer Reporting Agency (i) that any reports procured related hereto will be used for employment screening purposes only pursuant to FCRA Section 604(a)(3)(B); (ii) that prior to taking any adverse action, based in whole or in part upon said report(s), the Company will provide the applicant a copy of the report(s) and a copy of the publication, A Summary of Your Rights Under the Fair Credit Reporting Act; and (iii) that said report(s) will not be used in violation of any applicable Federal or State law or regulation including those specifically governing equal employment opportunity.

Employer:

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Company Name

By: \_\_\_\_\_  
Signature of Authorized Agent for Company



### AUTHORIZATION TO RELEASE INFORMATION

By signing the statement below, you certify that the information you have supplied to Betsy Ross Hall for Women Veterans (BRVets) is true and correct to the best of your knowledge.

In the consideration of my application for admission to BRVets, I hereby (1) consent to a background investigation by a designated representative of a law-enforcement agency for the purpose of the BRVets obtaining information needed to determine my suitability for admission to the program; (2) release (a) BRVets, (b) any and all state and/or federal law-enforcement agencies that are involved in obtaining the information, and/or investigating my criminal record, and/or communicating results on the investigation to BRVets, and (c) the representatives, employees, and agents of the aforementioned entities of any and all claims, actions or liabilities whatsoever arising from my being investigated, and the results of the investigation being communicated to BRVets.

Further, I agree to maintain the confidentiality of BRVets information including its clients. I understand that any breach of this agreement could be detrimental to the recovery of other clients.

I, the undersigned, authorize and consent to any person, firm, organization, or corporation to provide a copy (including photocopy or facsimile copy) of this Authorization to release information to BRVets. Any person, firm, organization or corporation providing information or records in accordance with this Authorization is released from any and all claims or liability for compliance.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ SS# \_\_\_\_\_

Current Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Witnessed by \_\_\_\_\_ Date \_\_\_\_\_  
(BRVets staff)