



**Referral Form**

**Referral Date:** \_\_\_\_\_ **Referral For:**  HVRP (Employment & Training)

**New Hampshire**

**Vermont**

**Veteran Name (print name):** \_\_\_\_\_

**Veteran Contact Number:** \_\_\_\_\_

**Referred By (print name):** \_\_\_\_\_

**Referred By Contact Number#** \_\_\_\_\_

**Veteran Status:**

Homeless

At-Risk of Homelessness or Unstably Housed

**Additional Comments** (please provide a brief summary of the client's needs and information we should know before meeting with him/her):

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**Please send referral to Dani Atkinson, Regional Manager**

[danielleatkinson@veteransinc.org](mailto:danielleatkinson@veteransinc.org)

**(802) 272-5375**