



## 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):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please send referral to Dani Atkinson, Regional Manager

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

(802) 272-5375