**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**](mailto:vetnet@uwf.edu?subject=Veterans’%20Service%20Organization%20Worksheet)