

Veteran Supplemental Form

**IF YOU COMPLETE THIS VETERANS SUPPLEMENTAL FORM
THIS ENTIRE DOCUMENT WILL BE SHARED WITH THE VETERANS ADMINISTRATION**

Social Security Number

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Refused

Branch of Service

Air Force <input type="radio"/>	Army <input type="radio"/>	Coast Guard <input type="radio"/>
Marine Corps <input type="radio"/>	Navy <input type="radio"/>	

Refused

National Guard/Reserve

Yes <input type="radio"/>	No <input type="radio"/>
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Refused

Full Date of Birth

MM / DD / YY

Refused

Contact information
such as phone or email

Refused

INFORMED CONSENT STATEMENT

READ TO EACH RESPONDENT

We are conducting a statewide survey related to characteristics of people and their housing.

- Participation is completely voluntary.
- If you don't want to take the survey, you don't have to answer any questions.
- If you do the survey you can stop, you can change your mind or you can skip questions with no bad consequences.
- Doing the survey or not doing the survey won't change what benefits you qualify for.
- We will keep your participation in this survey confidential to the extent permitted by law.
- The agency responsible for the Point in Time count will make reports from the forms. The reports don't include names. The forms don't get shared, then when the reports are done the forms are shredded.
- The reports are used for planning.
- Still, there is always some risk that your identity and information will get out, even though we try to make sure that doesn't happen.

If you agree to participate, I will read the questions to you and I will record your answers. It will take approximately ten minutes to complete.

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IF YOU ARE WILLING TO PARTICIPATE, PLEASE SIGN BELOW. THANK YOU FOR YOUR HELP.

(Signature of Respondent)

(Date)

**I READ THE ABOVE CONSENT STATEMENT TO THE RESPONDENT AND TO THE BEST OF MY
KNOWLEDGE IT WAS UNDERSTOOD, AND THE RESPONDENT HAS AGREED TO PARTICIPATE.**

(Signature of Interviewer)

(Date)

PRINTED NAME