



PTSD FOUNDATION OF AMERICA

CAMP HOPE

PROVIDING HOPE AND HEALING FOR THE UNSEEN WOUNDS OF WAR

Interim Housing Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Phone: _____ Email: _____

Date Available: _____ Social Security No.: _____ Date of Birth: _____

Are you a Combat Veteran¹? Yes No If no, did you receive Imminent Danger Pay? Yes No

Do you have a VA disability rating? Yes No If yes, what %? _____

Have you been diagnosed with PTSD? Yes No If yes, what %? _____

If yes, what are your symptoms? _____

Marital Status

Spouse: _____ Phone: _____

Address: _____

Child: _____ Age: _____

Child: _____ Age: _____

Child: _____ Age: _____

Child: _____ Age: _____

¹As defined by Congress: U.S. Military service during an operation or conflict and decoration with an Armed Forces Expeditionary Medal, Campaign Medal, or U.N. Medal.



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Emergency Contact Information

Name: _____ Phone: _____

Address: _____ Relationship: _____

Military Service

Branch: _____ Service Dates: From _____ To _____

Rank at Discharge: _____ Type of Discharge²: _____

If medically retired, at what %? _____ Injuries: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I have attached a copy of my DD214 and VA Disability Letter (if applicable) and it is true and correct to the best of my knowledge.

If this application leads to admission into Camp Hope, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Step 1: Print application and fill it out completely with signature and date.

Step 2: Scan a copy of your DD214, completed application, and VA Disability Letter (if applicable).

Step 3: Email all applicable documents to warrior@ptsdusa.org.

Questions?
Call: 877-717-PTSD (7873)

²Type of discharge is for informative purposes only and is not a condition for refusal into the program.