



Virginia Veteran and Family Support (VVFS) Justice Involved Services

VVFS provides outreach, connection and support to Virginia veterans, members of the Virginia National Guard and Armed Forces Reserves (not in federal service), families and caregivers.

Please complete and send this form to justice.vvfs@dvs.virginia.gov 120 days prior to the individual's release date. If you need additional information regarding this referral process, please contact Donna Harrison, DVS Criminal Justice Coordinator at (804) 225-4734.

Veteran Justice Client Service Request	
*Name	First: _____ Last: _____
	DOB: _____ *Sex: _____
Facility	<input type="checkbox"/> Jail Name: _____ <input type="checkbox"/> Prison Address: _____
Referral Contact person	Name: _____ Title: _____ Contact phone number: _____
Offense (s):	
Sentencing Jurisdiction(s):	
Release date	
Supervision Obligations	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> Probation <input type="checkbox"/> Parole </div> <div style="width: 50%;"> Sentencing jurisdiction (s) for supervision, if known: <input type="checkbox"/> Court-ordered program obligations: </div> </div>
Veteran Military Information	
Veteran	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Family
Dual Veteran Household	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Branch of Service of Veteran	<input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marine Corps <input type="checkbox"/> Coast Guard <input type="checkbox"/> National Guard <input type="checkbox"/> Active Guard Reserve (AGR)		
Dates of Military Service	Start: <i>Month</i> _____ <i>Year</i> _____ End: <i>Month</i> _____ <i>Year</i> _____		
*Era of Service	<input type="checkbox"/> WWII 1941-1946 <input type="checkbox"/> Korean War 1950-1973 <input type="checkbox"/> Korean DMZ 1954-Present <input type="checkbox"/> Vietnam War 1961-1975 <input type="checkbox"/> Gulf War 1990-1991 <input type="checkbox"/> Iraq War <input type="checkbox"/> Operation New Dawn 2010-2011 <input type="checkbox"/> Afghanistan War 2001-Present		
*Combat Experience	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Discharge Type	<input type="checkbox"/> Retired <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> Other Than Honorable <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable <input type="checkbox"/> Admin/Uncharacterized		
*Verified	<input type="checkbox"/> DD214 <input type="checkbox"/> Veteran ID Card <input type="checkbox"/> Other		
Is the veteran currently receiving VA benefits/compensation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Benefits			
*VA Enrolled <input type="checkbox"/> Yes <input type="checkbox"/> No		SSI applied for <input type="checkbox"/> Yes <input type="checkbox"/> No	
Medicaid applied for <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Other <input type="checkbox"/> None	
Home plan Address	Street: *City/State: _____ *County: _____ Phone number: _____ <input type="checkbox"/> No home plan		
What does the veteran need (housing, employment, counseling, peer support, etc.)?			
For DVS Criminal Justice Coordinator completion only:			
VVFS Veteran Justice Specialist	Date Received: _____ Date Assigned: _____		
Region	<input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> Central <input type="checkbox"/> West		