Clinician Information Form for Veterans in Recovery

Please fill out the following questions so that we can work together to give your patient the best possible care!

Connecticut Veterans Legal Center’s mission is to help veterans recovering from homelessness and serious mental illness overcome legal barriers to housing, healthcare and income. We think legal services work best when they support the recovery process rather than acting in isolation in a client’s life. In order for your patient to get the best possible legal assistance, we ask our clients to sign VA releases so that their clinicians and case managers can assist in the resolution of their legal issues. This form is to confirm that the veteran is in a mental health program before we provide legal assistance. Please note that this referral form does not indicate representation from an attorney!

Date:_____________________________________________

Clinician Name:__________________________________________________________________________________________________

Title:_______________________________________________________________________________________________________________

Phone Number:____________________________________Fax Number: ____________________________________________

Email Address:____________________________________________________________________________________________________

Office Location:___________________________________________________________________________________________________

What (VA) Program(s) do you work in? eg: CRT, CTI, HPACT_______________________________________________

Veteran Name:____________________________________________________________________________________________________

Veteran Phone Number: ______________________________________________________________________________________

Veteran’s Current Diagnoses from Problem List:

________________________________________________________________________________________________

Do you see this client at the (circle all that apply):

West Haven VA Hospital
Newington VA Hospital
Other____________________________________________________

Briefly Describe the Veteran’s Legal Issue:

_____________________________________________________________________________________________________________________

What other VA programs is this veteran involved in? eg: CRT, CTI, HPACT

_____________________________________________________________________________________________________________________

How long have you worked with this veteran?_________________________to_________________________

Please Return this Form to:  
Connecticut Veterans Legal Center  
114 Orange Avenue, 2nd Floor, West Haven, CT 06516  
Phone: 203-479-0375    Fax: 203-889-0111