



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 Boston Post Road, 2nd Fl., West Haven, CT 06516
Phone: 203-479-0375 Fax: 203-889-0111