

Homeless Veterans Research Engagement Panel

Applicant Information

Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Background

Age: _____ years Gender (**Please select one**): Male Female Transgender/Non-binary

Race (**Please select one**): White Black Asian/Pacific Islander Native American/Alaskan Native

Ethnicity (**Please select one**): Hispanic Not Hispanic

Military Service

Branch: _____ Were you ever deployed? (**Please select one**) YES NO

Location of any deployments _____

Homeless History

We define homelessness as not having a fixed, regular, and adequate nighttime residence (e.g., shelter, public park, vehicle, on streets).

Have you ever been homeless? (**Please select one**) YES NO

In total, how much time have you been homeless in your life? _____ months

When was the last time you were homeless? _____, 20____ (month and year)

Availability

As a member of the panel, would you be able to attend scheduled meetings by phone (no more than once every two months)? (**Please select one**) YES NO

As a member of the panel, would you be able to fulfill the commitment of serving a one-year term?

(**Please select one**) YES NO

Signature

I have responded to this form and am interested in serving on the Homeless Veterans Research Engagement Panel.

Signature: _____ Date: _____

COMPLETED FORMS CAN BE SENT TO: ANA.COO-LAM1@VA.GOV.