



Become a VetLink Partner - Fillable Interest Form

VetLink of PBC | Powered by Vet's Place, Inc. | Connect Services. Track Progress. Support Veterans.

Use this form to request consideration for the VetLink of PBC Partner Network. The goal is not to replace existing services. The goal is to connect.

Organization Information

Organization Name

Contact Person

Title / Role

Phone Number

Email Address

Website

City

State / ZIP

County / Counties Served

☐ Palm Beach County

☐ Broward County

☐ Miami-Dade County

☐ Martin County

☐ St. Lucie County

☐ Other

Service Category

☐ Housing

☐ Food Assistance

☐ Employment

☐ Benefits Assistance

☐ Legal Aid

☐ Transportation

☐ Senior Services

☐ Caregiver Support

☐ Mental Health

☐ Health Care

☐ Veteran Services

☐ Education / Training

☐ Financial Counseling

☐ Technology / Digital Access

☐ Faith-Based Support

☐ Community Support

☐ Other

Description and Referral Information

Brief Description of Services

Referral Process

Eligibility Requirements



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Interested In

- | | |
|---|---|
| ☐ Referral Partner | ☐ Resource Directory Listing |
| ☐ Testing User for VetLink | ☐ Community Collaboration |
| ☐ Sponsor / Donor | ☐ Volunteer Opportunity |
| ☐ The Veteran Magazine Feature | ☐ Other |

Additional Notes

Authorization and Submission

Important Notice

Do not submit medical records, Social Security numbers, VA claim documents, banking information, legal documents, or emergency requests with this form.

- ☐ I give VetLink of PBC permission to contact me about partnership, referral coordination, resource directory inclusion, and related VetLink opportunities.
- ☐ I understand this form is for partner interest only and does not create an automatic referral partnership or agreement.

Authorized Representative Name

Date

Signature

Submit completed form by email to VetLinkPBC@gmail.com or fax to 561-365-2530.