Department of Veterans Affairs Supportive Services for Veteran Families (SSVF) Program

Program Guide

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I. Introduction

A. Purpose of the Program Guide

The purpose of this Program Guide is to provide an overview of the Supportive Services for Veteran Families (SSVF) Program. This Program Guide has force for oversight, auditing and program review purposes, and is to be used by applicants to the SSVF Program, grantees, Department of Veterans Affairs (VA) staff members, and other interested third parties involved in the SSVF Program. The Program Guide provides the following information:

1. SSVF Program Overview
2. Supportive services grant application process
3. Supportive services grant renewal process
4. Technical assistance
5. Supportive services
6. Program operations
7. Fiscal administration
8. Evaluation and monitoring
9. Reporting requirements
10. SSVF Program resources

The guidelines provided in this Program Guide are intended to be consistent with SSVF Program regulations (38 CFR Part 62), and other applicable laws, Executive Orders, OMB Circulars, and VA regulations. In the event of a conflict between this Program Guide and VA regulations, applicable laws, OMB Circulars, or Executive Orders, such regulations, laws, OMB Circulars, or Executive Orders shall control. Guidelines should not be construed to supersede, rescind, or otherwise amend such laws, Executive Orders, OMB Circulars, and regulations. Grantees are responsible for ensuring compliance with the requirements of the SSVF Program regulations, the supportive services grant agreement, and other applicable laws and regulations.

This Program Guide is subject to revision.

B. Changes Made in the August 26, 2013 Edition

The following revisions have been made to the September 12, 2012 Edition:

1) Pg. i: Table of Contents updated to reflect deletion of previous Section III. SSVF Program Application Process. Section III. is now Support Services Grant Renewal Process. This change has also resulted in a re-numbering throughout the Program Guide.
2) Pg. 17 (previously pg. 21): Section F.2a. Rental Assistance. Mobile home lot rent when participant owns the mobile home added to first sentence. 3rd sentence clarifies that rental assistance payments can be provided for amounts that are currently due, including first month or prorated rent paid prior to or at move in.
3) Pg. 19 (previously pg. 23) clarifies that telephone or cell phone service are not eligible expenses under Section F.2b. Utility Payment Assistance.

4) Pg. 19 (previously pg. 23). Restrictions on Utility Payment Assistance box clarifies that utility arrears may be paid up to, but not exceed the maximum allowable month of assistance, with example.
5) Pg. 21 (previously pg. 25) introduces the new category in Section 2.b.e General Housing Stability Assistance and states that previous category of Emergency Supplies in now incorporated into this new category.
6) Pg. 22 (previously pg. 25) introduces the new category of Emergency Housing Assistance and related restrictions.
7) Pg. 23 (previously pg. 26) clarifies the policy and conditions for approved use of gasoline vouchers.
8) Pgs. 25-26 (previously pg.28) provided additional guidance on verifying Veteran status, including accessing VIS and HINQS.
9) Pg. 35 (previously pg. 38) removes the sentences "In addition to recertification of eligibility, a reclassification of housing status is require when participants move from homelessness into permanent housing. Reclassification of housing status occurs during the time of recertification"
10) Pg. 45 (previously pg. 47). Section IX.B.1. Provides guidance on recommendations from draw down targets.
11) Pg. 50 (previously pg. 52) includes W9 from landlord as required documentation.
12) Pg. 51 (previously pg. 53) adds the two new categories General Housing Stability Assistance and Emergency Housing Assistance.
13) Pg. 52 (previously pg. 54) encourages grantees to refer to OMB Circular A-122
14) Pg. 53 (previously pg. 54) states that food for staff meetings, gift cards of any kind and advertising are ineligible expenses.

C. SSVF Program Description and Background

Section 604 of the Veterans' Mental Health and Other Care Improvements Act of 2008, Public Law 110-387, authorized VA to develop the SSVF Program. Supportive services grants will be awarded to selected private non-profit organizations and consumer cooperatives that will assist very low-income Veteran families residing in or transitioning to permanent housing. Grantees will provide a range of supportive services to eligible Veteran families that are designed to promote housing stability.

The statutory authority for the SSVF Program is found at 38 U.S.C. 2044. The implementing regulations are found at 38 CFR Part 62.

D. Definitions

Please refer to 38 CFR 62.2 and 38 CFR 62.10 for definitions of terms used in the SSVF Program. A summary of key definitions used within this Program Guide is provided below.

Applicant: An eligible entity that submits an application for a supportive services grant announced in a Notice of Fund Availability.

Area or community: A political subdivision or contiguous political subdivisions (such as a precinct, ward, borough, city, county, State, Congressional district or tribal reservation) with an identifiable population of very low-income Veteran families.

Consumer cooperative: See section 202 of the Housing Act of 1959 (12 U.S.C. 1701q).

Department of Defense (DD) Form 214: The Certificate of Release or Discharge from Active Duty issued by the Department of Defense to each Veteran, identifying the Veteran's condition of discharge – honorable, general, other than honorable, dishonorable or bad conduct.

Dependent: For SSVF reporting purposes only, dependents are defined as children under the age of 18 at program entry. This reflects an alignment with HUD's definition of "households with children and adults," and can now be tracked in and reported out of HMIS. *(Note: a Veteran may identify adult dependents as part of their "household". These adult dependents may be served as part of the Veteran family, but for SSVF and HMIS reporting purposes, would not be reported as a "dependent".)*

Eligible child care provider: A provider of child care services for compensation, including a provider of care for a school-age child during non-school hours, that: (1) is licensed, regulated, registered, or otherwise legally operating, under state and local law, and (2) satisfies the state and local requirements, applicable to the child care services the provider provides.

Eligible entity: (1) private non-profit organization, or (2) consumer cooperative.

Emergency supplies: Items necessary for a participant's life or safety that are provided to the participant by a grantee on a temporary basis in order to address the participant's emergency situation.

Grantee: An eligible entity that is awarded a supportive services grant.

Homeless: Homeless has the meaning given in section 103 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11302), which currently states that the terms "homeless," "homeless individual" and "homeless person" means:

(1) An individual or family who lacks a fixed, regular, and adequate nighttime residence;

(2) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;

(3) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing);

(4) An individual who resided in a shelter or place not meant for human habitation and who is exiting an institution where he or she temporarily resided;

(5) An individual or family who—

(A) Will imminently lose their housing, including housing they own, rent, or live in without paying rent, are sharing with others, and rooms in hotels or motels not paid for by Federal, State or local government programs for low-income individuals or by charitable organizations as evidenced by

(i) A court order resulting from an eviction action that notifies the individual or family that they must leave within 14 days;

(ii) The individual or family having a primary nighttime residence that is a room in a hotel or motel and where they lack the resources necessary to reside there for more than 14 days;

(iii) Credible evidence indicating that the owner or renter of the housing will not allow the individual or family to stay for more than 14 days, and any oral statement from an individual or family seeking homeless assistance that is found to be credible shall be considered credible evidence for the purposes of this clause;

(B) Has no subsequent residence has been identified; and

(C) Lacks the resources or support networks needed to obtain other permanent housing; and

(6) Unaccompanied youth and homeless families with children and youth defined as homeless under other Federal statutes who-

(A) Have experienced a long term period without living independently in permanent housing;

(i) Have experienced persistent instability as measured by frequent moves over such period; and

(ii) Can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse, the presence of a child or youth with a disability, or multiple barriers to employment and

(7) Any individual or family who is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions in the individual's or family's current housing situation, including where the health and safety of children are jeopardized, and who have no other residence and lack the resources or support networks to obtain other permanent housing.

Homeless Management Information System (HMIS): means the information system designated by the Continuum of Care to comply with the HUD's data collection, management, and reporting standards and used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at-risk of homelessness.

Household: All persons as identified by the Veteran, together present for services and identify themselves as being part of the same household.

Notice of Fund Availability (NOFA): A NOFA published in the Federal Register in accordance with 38 CFR 62.40, which announces the availability of funds for supportive services grants.

Occupying permanent housing: A very low-income Veteran family will be considered to be occupying permanent housing if the very low-income Veteran family:

(1) Is residing in permanent housing;

(2) Is homeless and scheduled to become a resident of permanent housing within 90 days pending the location or development of housing suitable for permanent housing; or

(3) Has exited permanent housing within the previous 90 days to seek other housing that is responsive to the very low-income Veteran family's needs and preferences.

Note: For limitations on and continuations of the provision of supportive services to participants classified under categories (2) and (3) above, see 38 CFR 62.35.

Participant: A very low-income Veteran family occupying permanent housing who is receiving supportive services from a grantee.

Permanent housing: Community-based housing without a designated length of stay. Examples of permanent housing include, but are not limited to, a house or apartment with a month-to-month or annual lease term or home ownership.[1]

Private non-profit organization: Any of the following:

(1) An incorporated private institution or foundation that:

(i) Has no part of the net earnings that inure to the benefit of any member, founder, contributor, or individual;

(ii) Has a governing board that is responsible for the operation of the supportive services provided under the SSVF Program; and

(iii) Is approved by VA as to financial responsibility.

(2) A for-profit limited partnership, the sole general partner of which is an organization meeting the requirements of paragraphs (1)(i), (ii) and (iii) of this definition.

(3) A corporation wholly owned and controlled by an organization meeting the requirements of paragraphs (1)(i), (ii), and (iii) of this definition.

(4) A tribally designated housing entity (as defined in section 4 of the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4103)).

State: Any of the several States of the United States, the District of Columbia, the Commonwealth of Puerto Rico, any territory or possession of the United States, or any agency or instrumentality of a State exclusive of local governments. The term does not include any public and Indian housing agency under the United States Housing Act of 1937.

Subcontractor: Any third party contractor, of any tier, working directly for an eligible entity.

Supportive services: Any of the following provided to address the needs of a participant:

(1) Outreach services as specified under 38 CFR 62.30.
(2) Case management services as specified under 38 CFR 62.31.
(3) Assisting participants in obtaining VA benefits as specified under 38 CFR 62.32.
(4) Assisting participants in obtaining and coordinating other public benefits as specified under 38 CFR 62.33.
(5) Other services as specified under 38 CFR 62.34.

Supportive services grant: A grant awarded under the SSVF Program.

Supportive services grant agreement: The agreement executed between VA and a grantee as specified under 38 CFR 62.50.

[1] Note: Transition in Place (TIP) programs where the very low-income Veteran family maintains an independent lease with a landlord and maintains lease rights to the unit throughout TIP program enrollment and conclusion without exception are considered permanent housing. See **Exhibit E1** for more information.

Suspension: An action by VA that temporarily withdraws VA funding under a supportive services grant, pending corrective action by the grantee or pending a decision to terminate the supportive services grant by VA. Suspension of a supportive services grant is a separate action from suspension under VA regulations implementing Executive Orders 12549 and 12689, "Debarment and Suspension."

VA: Department of Veterans Affairs.

Very low-income Veteran family: A Veteran family whose annual income, as determined in accordance with 24 CFR 5.609, does not exceed 50 percent of the median income for an area or community (current income limits can be found at http://www.huduser.org/portal/datasets/il.html).

Veteran: A person who served in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable.

Veteran family: A Veteran who is a single person or a family in which the head of household, or the spouse of the head of household, is a Veteran.

Withholding: Payment of a supportive services grant will not be paid until such time as VA determines that the grantee provides sufficiently adequate documentation and/or actions to correct a deficiency for the supportive services grant. Costs for supportive services provided by grantees under the supportive services grant from the date of the withholding letter would be reimbursed only if the grantee is able to submit the documentation or actions that the deficiency has been corrected to the satisfaction of VA.

II. Program Overview

A. Goal of the Supportive Services for Veteran Families Program

The goal of the SSVF Program is to promote housing stability among very low-income Veteran families who reside in or are transitioning to permanent housing.

B. Eligible Participants

To become a participant under the SSVF Program, the following conditions must be met:

1. ***A member of a "Veteran family":*** Either (a) a Veteran[2]; or (b) a member of a family in which the head of household, or the spouse of the head of household, is a Veteran. *(Note: The head of household should be identified by the Veteran family.)*

2. ***"Very low-income":*** Household income does not exceed 50% of area median income. Unless VA announces otherwise in the NOFA, the median income for an area or community will be determined using the income limits most recently published by the Department of Housing and Urban Development for programs under section 8 of the

[2] See Section I.C. of this Program Guide for the definition of Veteran.

United States Housing Act of 1937 (42 U.S.C. 1437f), which can be found at http://www.huduser.org/portal/datasets/il.html.

3. ***"Occupying Permanent Housing"***: A very low-income Veteran family is considered to be occupying permanent housing if they fall into one of three categories:

(1) Is residing in permanent housing;
(2) Is homeless and scheduled to become a resident of permanent housing within 90 days pending the location or development of housing suitable for permanent housing; or
(3) Has exited permanent housing within the previous 90 days to seek other housing that is responsive to the very low-income Veteran family's needs and preferences.

Note: There are time restrictions and limitations on uses of grant funds with respect to the categories of participants grantees may serve. The following table describes the three categories of "occupying permanent housing" as well as the time restrictions related to each.

Category of Occupying Permanent Housing	Time Restriction
Category 1: If a very low-income Veteran family is residing in permanent housing.	A grantee may continue to provide supportive services to a participant within Category 1 so long as the participant continues to meet the definition of Category 1.
Category 2: If a very low-income Veteran family is homeless and scheduled to become a resident of permanent housing within 90 days pending the location or development of housing suitable for permanent housing.	A grantee may continue to provide supportive services to a participant within Category 2 so long as the participant continues to meet the definition of Category 2, even if the participant does not become a resident of permanent housing within the originally scheduled 90-day period.
Category 3: If a very low-income Veteran family has exited permanent housing within the previous 90 days to seek other housing that is responsive to the very low-income Veteran family's needs and preferences.	A grantee may continue to provide supportive services to a participant within Category 3 until the earlier of the following dates: 1. The participant commences receipt of other housing services adequate to meet the participant's needs OR 2. 90 days from the date the participant exits permanent housing.

Grantees are required to certify the eligibility and classification of each participant at least once every three months, per 38 CFR 62.36(a), as described in Section VII.

C. Supportive Services Provided

Through the SSVF Program, VA aims to improve the housing stability of very low-income Veteran families. Grantees will provide outreach and case management services, and will assist participants to obtain VA benefits and other public benefits, which may include:

- Vocational and rehabilitation counseling;
- Employment and training service;

- Educational assistance;
- Health care services;
- Daily living services;
- Personal financial planning services;
- Transportation services;
- Income support services;
- Fiduciary and representative payee services;
- Legal services;
- Child care services;
- Housing counseling services; and
- Other supportive services, including time-limited payments to third parties (e.g., temporary financial assistance payments on behalf of Veteran families to landlords, utility companies, moving companies, and eligible child care providers) provided these payments help Veteran families remain in permanent housing or obtain permanent housing and meet the other requirements in 38 CFR 62.33 or 38 CFR 62.34.

See Program Guide Section VI for more information concerning the supportive services that can be provided under the SSVF Program.

III. Supportive Services Grant Renewal Process

If funding is available, VA will announce renewal opportunities in a NOFA. If funding is available for renewals, a grantee may submit an application for grant renewal in accordance with any requirements set forth in the NOFA. To apply for renewal of a supportive services grant, the grantee's program must remain substantially the same (otherwise, the grantee could submit a new application instead of a renewal application). VA will use the criteria and selection process described in 38 CFR 62.24 and 38 CFR 62.25 to evaluate and award supportive services grant renewals. Additional information concerning the renewal process will be provided in the NOFA.

IV. Technical Assistance

A. Introduction

Per 38 CFR 62.73, technical assistance will be available as necessary to eligible entities to assist them in meeting the requirements of 38 CFR Part 62. The technical assistance provided is designed to help eligible entities apply for supportive services grants under the SSVF Program and administer, develop and operate supportive services programs.

B. Pre-Award Technical Assistance

Pre-award technical assistance will be provided to eligible entities in the form of grant-writing seminars, SSVF Program webcasts, and PowerPoint presentations and other information posted on the SSVF Program website. The goals of these efforts are to raise public awareness of the SSVF Program, provide interested parties with information about the SSVF Program, and assist eligible entities in developing and submitting thorough applications that meet the requirements, goals, and objectives of the SSVF Program. Information on how to obtain technical assistance can be found on the SSVF Program's website: http://www.va.gov/homeless/SSVF.asp.

C. Post-Award Technical Assistance

Post-award technical assistance will be available in the form of activities related to the planning, development, and provision of supportive services to very low-income Veteran families occupying permanent housing. Specifically, this technical assistance will help grantees start their programs quickly and effectively and comply with the requirements of the SSVF Program. Trainings, both in-person and via teleconference, throughout the year will be offered – some of which will be mandatory for grantees. The post-award technical assistance is designed to assist grantees to successfully implement and operate their supportive service programs. Information on how to obtain technical assistance can be found on the SSVF Program's website: http://www.va.gov/homeless/SSVF.asp.

V. Supportive Services

A. Introduction

The primary aim of supportive services available as part of the SSVF Program is to help Veteran families who are homeless or at-risk of homelessness quickly regain stability in permanent housing after experiencing a housing crisis and/or homelessness. Grantees must use supportive services grant funds to provide supportive services to very low-income Veteran families that fall within one of the three categories of occupying permanent housing. Grantees will assist participants by providing a range of supportive services designed to resolve the immediate crisis and promote housing stability. Grantees are required to provide the following supportive services:

- Outreach Services
- Case Management Services
- Assistance in Obtaining VA Benefits
- Assistance in Obtaining and Coordinating Other Public Benefits Available in the Grantee's Area or Community

In addition, grantees may choose to provide certain listed public benefits, the payment of temporary financial assistance directly to a third party for certain eligible expenses (e.g., rent, utilities, deposits, moving costs, child care), and other supportive services approved by VA.

B. Outreach

1. Description of Services

Performing outreach is a critical component of grantees' programs. Outreach services must be customized to the target populations being served by the grantee – i.e. a plan to target very low-income Veteran families transitioning from homelessness to permanent housing will be different from a plan to target very low-income Veteran families residing in permanent housing. Outreach plans also depend upon the area or community in which supportive services will be provided (e.g., urban vs. rural) and the available resources in those areas or communities. There are two parts to the provision of outreach services: identifying very low-income Veteran families and screening them to determine eligibility for supportive services provided by a grantee.

2. Identifying Veteran Families

Effective outreach should ensure that supportive services are provided to very low-income Veteran families who are "most in need" and who would otherwise be difficult to locate or serve. As part of providing outreach, grantees should:

- Develop relationships with local social services and public benefit agencies, shelters, and faith-based and community-based organizations serving low-income, at-risk, and homeless Veteran families;
- Develop relationships with local VA facilities, including Vet Centers and Veterans Benefit Administration (VBA) offices;
- Host local informational events; and
- Participate in Stand Down (or similar) events.

Maintaining contact with local organizations who serve Veterans will help grantees to identify additional participants. Such organizations are able to provide referrals, which will simplify the process of recruiting new participants to the grantee's program. The grantee should leverage the following sources to identify very low-income Veteran families in the area:

- Local VA facilities, including VBA Regional Offices and Vet Centers
- Grant & Per Diem Programs
- CHALENG network
- Emergency shelters
- Existing supportive housing programs
- Department of Defense (DoD) Resources (e.g., Transition Assistance Program)
- VA Medical Center Operation Enduring Freedom (OEF) / Operation Iraqi Freedom (OIF)/ Operation New Dawn (OND) Care Management Teams
- Community agencies serving low-income populations, including but not limited to:
  - Board of Education (assistance in identifying children who have been absent from school);
  - Churches and other places of worship;
  - Domestic violence agencies;
  - Groups assisting people in foreclosure;
  - Energy assistance agencies;
  - Housing courts;
  - Landlords;
  - Legal aid organizations;
  - PHA waiting lists;
  - Rental agencies;
  - Food/clothing shelters; hot meals programs;
  - Day/Temporary labor programs;
  - Detoxification programs;
  - Hospitals that offer uncompensated care; and
  - Welfare offices.

3. Eligibility Screening and Evaluation

Screening is the first step of the intake process. Grantees should develop screening tools to assist them in (a) confirming a very low-income Veteran family's eligibility for supportive services and (b) prioritizing those families in the greatest need. Grantees are strongly encouraged to use VA's "Eligibility Screening Disposition Form" (see **Exhibit B9**) to document the eligibility of persons applying for SSVF homelessness prevention assistance (Category 1). See below for additional information. .

It is important that grantees are able to quickly screen, assess, and assist the Veteran family as they are likely in crisis. Delays that occur between the first outreach contact and service delivery can result in missed opportunities to mitigate the crisis or the Veteran may no longer be interested in receiving services. Grantees must also evaluate whether eligible participants will be best served by the SSVF Program rather than other available services. The SSVF Program is one intervention available within a continuum of care supported by VA. Using the guiding principle of providing "the right service, at the right time, using the right amount of assistance", grantees should always assess if other interventions -- whether less intensive or more -- may better serve the Veteran being screened.

In screening potential participants who either (i) are homeless and scheduled to become residents of permanent housing within 90 days pending the location or development of housing suitable for permanent housing (Category 2), or (ii) have exited permanent housing within the previous 90 days to seek other housing that is responsive to their needs and preferences (Category 3), grantees' screening tools should assist in *prioritizing those eligible Veteran families who are in the greatest need*. For example, a grantee's screening tool may assist in identifying and assigning priority status to eligible Veteran families earning less than 30% area median income, chronically homeless and formerly chronically homeless Veteran families, and/or Veterans with one or more dependents.

Similarly, in screening very low-income Veteran families residing in permanent housing (Category 1), VA's Eligibility Screening Disposition Form should assist in prioritizing those families who are most at risk of homelessness. Forms should be completed by SSVF grantee staff using information obtained from the head of household. Screening disposition forms should be supported by additional assessment and documentation of the eligibility conditions and targeting factors indicated. All screening forms should be signed and dated by the authorized SSVF staff person completing the form. See **Exhibit B9** for a sample of the form.

When serving participants who are residing in permanent housing, it is helpful to remember that the defining question to ask is: "Would this individual or family be homeless **but for** this assistance?" To aid grantees in targeting SSVF Program funds towards this group, a number of potential "risk factors" are listed below that could indicate a higher risk of becoming homeless. This list represents examples of some commonly identified risk factors for homelessness from scholarly research and practical experience drawn from existing homelessness prevention programs. One way a grantee could use these factors would be to require that a participant demonstrate some combination of the risk factors to qualify for any assistance. Grantees should note that this list is optional and is not exhaustive; grantees may consider other risk factors or other ways to target persons at risk of homelessness when developing local programs and requirements. The risk factors for

homelessness for consideration by grantees consider in developing their programs are as follows:

- Eviction within two weeks from a private dwelling (including housing provided by family or friends);
- Discharge within two weeks from an institution in which the person has been a resident for more than 180 days (including prisons, mental health institutions, hospitals);
- Residency in housing that has been condemned by housing officials and is no longer meant for human habitation;
- Sudden and significant loss of income;
- Sudden and significant increase in utility costs;
- Mental health and substance abuse issues;
- Physical disabilities and other chronic health issues, including HIV/AIDS;
- Severe housing cost burden (greater than 50 percent of income for housing costs);
- Homeless in last 12 months;
- Young head of household (under 25 with children or pregnant);
- Current or past involvement with child welfare, including foster care;
- Pending foreclosure of housing;
- Extremely low income (less than 30 percent of area median income);
- High overcrowding (the number of persons in household exceeds health and/or safety standards for the housing unit size);
- Past institutional care (prison, treatment facility, hospital);
- Recent traumatic life event, such as death of a spouse or primary care provider, or recent health crisis that prevented the household from meeting its financial responsibilities;
- Credit problems that preclude obtaining of housing; or
- Significant amount of medical debt.

Grantees should establish a file for each incoming participant that contains documentation confirming the participant's eligibility for the SSVF Program and assigning the participant to one of the SSVF Categories of Occupying Permanent Housing.

a. Participant Eligibility Verification and Documentation

Grantees are required to serve very low-income Veteran families occupying permanent housing as defined in 38 CFR 62.2 and 38 CFR 62.11(a). Staff should be familiar with SSVF Program eligibility requirements in order to determine a very low-income Veteran family's eligibility. See Section VII for detailed eligibility determination and documentation guidance.

b. New Participant Health Screening (Physical and Mental)

By coordinating the provision of health screenings of new participants, grantees assist VA in ensuring the health and well-being of very low-income Veteran families. Grantees are encouraged, with participant agreement and consent, to coordinate health screenings of new participants at intake. For the Veteran, this may mean connecting the Veteran to the local VA facility to ensure he or she receives medical care. For the Veteran's family members, this may mean identifying local community health resources that can assist non-Veteran household members. Screenings should assess, as appropriate, both the mental health and the general physical well-being of new participants. It is important to note that the performance of these assessments directly, rather than coordination of the assessments

by way of referral to another organization, including psycho-social assessments and screenings to diagnose physical and mental health issues, is not an eligible use of SSVF grant funds. (If a grantee wishes to perform these services directly, the grantee must utilize an alternative funding source.)

c. Referral When Sufficient Resources Are Not Available

When there are not sufficient resources to accommodate additional participants at a given time, grantees should make efforts to refer eligible Veteran families to other programs run by VA and/or public or private entities that will provide the assistance they require. Grantees should have established relationships with local VA homeless programs to facilitate such referrals. Assistance from the VA can also be obtained by contacting the VA National Call Center at 877-424-3838.

d. Referral of Ineligible Veteran Families

If grantees encounter Veteran families who do not meet the eligibility requirements of the SSVF Program, they should make efforts to refer such Veteran families to another program that will provide them with the assistance and services they require.

C. Case Management Services

1. Description of Services

To effectively assist participants in achieving housing stability, grantees must provide ongoing case management services. The primary objective of case management is to ensure that participants receive the assistance needed to promote housing stability. Case management services may include consulting with participants to conduct needs assessments, working with participants to create individualized housing stability plans that include participant specific goals, monitoring participants from the time of intake until they exit the program, and ensuring that participants obtain needed supportive services. Case management should be the central focus of the grantee's program.

2. Intake

a. Needs Assessment

Once the participant's eligibility has been confirmed, the case manager will begin by consulting with the participant to determine his/her household's needs and priorities and performing an assessment of the participant's needs. Participants entering the grantee's program will be experiencing varying degrees of housing instability, from those who require temporary support in getting through a difficult period to those who require long-term support in overcoming a combination of challenges. As such, case managers should gather as much information as possible about the participant's health, income, eligibility for public benefits, employment skills, background, family relationships and support, and living situation in order to identify and coordinate those services that will be most effective and acceptable to the participant in improving housing stability. Some of this information will also be required for HMIS data collection.

b. Housing Stability Planning

To maximize the effectiveness of services provided to or coordinated on behalf of the participant, the case manager will work with the participant household to develop an individualized housing stabilization plan that will be based upon the household's strengths, weaknesses and priorities, as identified through the needs assessment. In some situations, the participant will have entered the program with a well-defined idea of their discrete needs and goals. In other situations, the participant may not understand how the options available through SSVF might contribute to housing stability. The case manager should explain the SSVF, VA and community services that are available and, with the participant, establish reasonable milestones for obtaining greater housing stability. These milestones will become a set of actionable goals intended to address the participant's obstacles to housing stability. Goals should be appropriate, timely and reasonable.

Once goals have been set, the case manager and participant will monitor the progress toward achieving the established goals, including requesting updates from the participant's service providers, as necessary.

3. Role of Case Manager in Coordinating Provision of Supportive Services

The case manager will be the participant's primary point of contact within the grantee's SSVF program. In addition to assisting the participant to assess his/her needs, the case manager will be responsible for coordinating the provision of supportive services. The case manager will coordinate supportive services that are offered by the grantee and provide referrals for other supportive services not offered by the grantee (or more efficiently or effectively provided elsewhere). An effective case manager should be familiar with the area or community in which the program operates and actively cultivate a working knowledge and connections to relevant area resources such as affordable housing; emergency, mental and physical health care professionals; public benefits offices; employment training and job placement programs, etc.

D. Assistance in Obtaining VA Benefits

1. Description of Benefits/Services

As part of participant intake, the grantee should determine whether the participant is already receiving services from VA. If the participant is already receiving services, the grantee's assessment should focus on what additional services the participant may need, want and be eligible for, to refer the participant to the appropriate VA office for assistance. If the participant is not already receiving services from VA, the grantee should make the participant aware of the services for which he or she may be eligible and offer to refer the participant to the nearest VA facility. Potential VA benefits may include, but are not limited to:

- Income Assistance;
- Vocational and rehabilitation counseling;
- Employment and training service;
- Educational assistance; and
- Health care services.

Income assistance, employment, training, and educational resources are especially important for the target population of the SSVF Program. Participants will need to establish regular incomes to support the program's primary goal of housing stability. Health care benefits will offer participants mental and physical health services that are not currently being addressed. VA offers health care services at over 1,400 locations nationwide, including hospitals, clinics, community living centers, domiciliary care facilities, readjustment counseling centers, etc. A person who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable may qualify for VA health care benefits.

2. Guidance on Administration of Benefits/Services

If a participant has not yet enrolled in the VA health care system, the grantee should provide assistance in the enrollment process. Additional information on VA healthcare and benefits can be found on the following VA websites: http://www.va.gov/health/index.asp and http://www.vba.va.gov/VBA/.

If necessary, assistance provided to participants should also include helping Veterans locate an accredited claims agent or attorney and other services short of actual representation before VA. Although grantees will assist participants in obtaining available benefits from VA, grantees will not be permitted to represent Veterans in benefit claims before VA unless the individual providing representation is an accredited claims agent or attorney.

3. Using Community Linkages to Enhance Effectiveness

Grantees should develop relationships with local VA facilities, State Veterans Affairs Offices and Veterans Service Organizations (VSOs). A list of State Veterans Affairs Offices can be found on the following VA website: http://www.va.gov/statedva.htm. VA also maintains a searchable database of VSOs that can be accessed online at: http://www.va.gov/vso/index.cfm?template=search.

Grantees who maintain lines of communication with VA facilities will be able to stay aware of new benefits and services for which participants may be eligible and make or receive referrals as appropriate.

E. Assistance in Obtaining and Coordinating Other Public Benefits

1. Description of Services

Grantees are required to assist participants to obtain and coordinate the provision of other public benefits that are being provided by Federal, State, local, or tribal agencies, or any eligible entity in the area or community served by the grantee. If a public benefit is not being provided by Federal, State, local, or tribal agencies, or any eligible entity in the area or community, the grantee is not required to obtain, coordinate, or provide such public benefit. Benefits which grantees are required to assist participants to obtain (if available and appropriate) include, but are not limited to:

- Health care services;
- Daily living services;
- Personal financial planning services;
- Transportation services;
- Income support services (e.g., disability benefits, social security, Temporary Aid to Needy Families (TANF), unemployment assistance, Supplemental Nutrition Assistance Program (SNAP or formerly, food stamps), etc.);
- Fiduciary and representative payee services;
- Legal services;
- Child care services; and
- Housing counseling services.

With the exception of health care services and daily living services, grantees may elect to directly provide the above-listed public benefits. When grantees directly provide such benefits, the grantees must comply with the same requirements as a third party provider of such benefits (e.g. if licensing is required for the provision of child care services, the grantee must meet the same requirements). Although grantees may be permitted to provide and capable of providing certain services directly, it may be more cost-efficient in some situations for grantees to provide a referral for participants to receive services already provided by another agency or eligible entity in the area or community served by the grantee. Grantees should attempt to maximize the number of participants served by reserving SSVF supportive services grant funds only when necessary. By leveraging available public resources to keep participants in housing, the grantee will ensure that participants are given the highest level of support possible while efficiently utilizing SSVF grant funds. Detailed descriptions of the above-noted public benefits are provided in 38 CFR 62.33.

2. Using Community Linkages to Enhance Effectiveness

Grantees should actively develop linkages with community organizations to effectively connect participants to these other public benefits. In deciding whether to provide or to refer a participant for a needed service, the grantee must consider the availability of local offerings, as well as the grantee's own level of expertise in providing the service/benefit. A grantee who has not investigated the community's service/benefit offerings will not be able to maximize the cost-effectiveness of direct service delivery.

F. Other Supportive Services / Temporary Financial Assistance

1. Other Supportive Services

A grantee may provide other services that are set forth in the NOFA and applicants may propose additional supportive services in their SSVF grant application. Grantees may also propose additional services by submitting a written request to modify the supportive services grant in accordance with 38 CFR 62.60.

2. Eligible Temporary Financial Assistance

Grantees may choose to provide temporary financial assistance to participants, but it is not a required service. Supportive services grant funds should only be used as direct financial assistance as a last resort, after first exploring the available homeless and mainstream financial assistance options such as Emergency Solutions Grant (ESG) program assistance and TANF. Grantees may choose to provide temporary financial assistance as a supplement to services provided to a participant as part of a plan to increase the participant's housing stability. Per 38 CFR 62.34, eligible forms of temporary financial assistance are:

- Rental assistance;
- Utility-fee payment assistance;
- Deposits (security or utility);
- Moving costs;
- Purchase of emergency supplies for a participant;
- Transportation; and
- Child care.

When deciding whether to provide temporary financial assistance, consider this:
"Would this Veteran family be homeless *but for* this assistance?"

Grantees should focus on the most critical threats to the participant's housing stability in providing the "minimum necessary" level of assistance. Grantees should keep in mind that SSVF funds for temporary financial assistance are limited. Providing a disproportionate amount of temporary financial assistance to one participant will limit the total number of participants grantees will be able to serve. As stated in the previous section, ('Assistance in Obtaining and Coordinating Other Public Benefits'), all participants should be referred to mainstream income supports for which they may qualify. By leveraging and utilizing public sources of emergency and ongoing financial assistance, grantees can minimize the temporary financial assistance payments made with SSVF grant funds. See the NOFA for the maximum percentage of total supportive services grant funds that can be used for this purpose. Wherever possible, grantees should attempt to connect participants to community resources, such as ESG programs, to obtain comparable assistance. Grantees should develop internal guidelines for the payment of temporary financial assistance and ensure that participants receiving temporary financial assistance as part of a housing stability plan are informed of such guidelines.

a. Rental Assistance

Rental assistance includes the payment of rent, mobile home lot rent when participant owns the mobile home, penalties or fees to help a participant remain in or obtain permanent housing. *(Note: Where a rental fee is inclusive of utilities, the entire amount will be considered "rental assistance" and will be subject to the applicable conditions).* Rental assistance payments can be provided for amounts that are <u>currently</u> due (including first month or prorated rent paid prior to or at move in)or are in arrears, and for the payment of penalties or fees that have been incurred by the participant and are required to be paid

under an existing lease or court order. Such fees may include broker fees, inspections, background checks, application fees, etc. and included in the deposit assistance and not as part of the monthly rental assistance.

Grantees may find it beneficial to require participants to share in the cost of rent payment as a condition of receiving assistance. Grantees are also encouraged to negotiate with landlords and utility companies to waive fees, security deposits, and, where possible, accept partial payments to satisfy arrearages. In this way, grantees conserve SSVF grant funds for future use and also empower participants to share in the responsibility. Grantees should determine the level of assistance provided on a case-by-case basis, based on the minimum amount needed to prevent the program participant from becoming homeless or returning to homelessness in the near term.

Rental assistance may be provided to eligible participants using SSVF grant funds, with the following restrictions:

Restrictions on Rental Assistance (per 38 CFR 62.34(a))	
Payment	▪ Must be paid by the grantee directly to the third-party provider to whom rent is owed
Rent Reasonableness (See **Exhibit B11** for sample rent reasonableness worksheet)	▪ Grantee must determine reasonableness of rent, penalties or fees prior to providing assistance by using a market study, reviewing 3 comparable advertised units, or using a note from the property manager verifying the comparability of the amount owed ▪ To determine reasonableness, grantee should consider: (i) the location, quality, size, type, and age of the unit, and (ii) any amenities, housing services, maintenance or utilities included ▪ Must be comparable to rents charged during the same time period for similar units in the private unassisted market ▪ Must not be in excess of rents being charged by property owner during same time period for non-luxury unassisted units
Shared Housing	▪ Rent charged for a participant must be proportional to the size of the participant's private space in comparison to other private space in the unit (i.e., excluding common space) ▪ Participation in shared housing arrangement must be voluntary
Cost-Sharing with Other Programs	▪ Rental assistance payments cannot be provided on behalf of participants for the same period of time and for the same cost types that are being provided through another Federal, State, or local housing subsidy program (e.g., if a participant is receiving a HUD-VASH voucher, SSVF grant funds may be used to pay the participant's security deposit, but SSVF grant funds may not be used to cover the rental assistance paid by HUD/PHA.)
Assistance Limit	▪ Eligible for payments currently due or in arrears (*note: the number of months in arrears paid for through rental assistance counts towards the maximum allowable months of assistance*)

Restrictions on Rental Assistance (per 38 CFR 62.34(a))	
	▪ Maximum of 8 months in a 3-year period ▪ Maximum of 5 months in a 12-month period. Must be in compliance with "rent reasonableness"[3]

As with all temporary financial assistance under the SSVF Program, rental assistance may only be provided if the payment of such assistance is necessary to enable the participant to obtain or retain permanent housing. As a condition of assistance, the grantee must help the participant develop a reasonable plan to address the participant's future ability to pay rent. The grantee should assist the participant to implement such plan by directly providing necessary supports or by helping the participant to obtain necessary public or private benefits or services. If the grantee determines that the rent is not reasonable or that rental assistance will not allow the participant to obtain or retain permanent housing because the participant cannot reasonably be expected to afford to remain in the selected unit once SSVF rental assistance ends, SSVF grant funds should not be used to provide rental assistance. In such cases, the grantee should assist the participant in locating affordable housing that meets the participant's needs or, if affordable housing is not readily available, attempt to connect the participant with a program that offers long-term rental assistance (e.g., HUD-VASH, McKinney-Vento funded supportive housing programs, etc.). If necessary, the grantee should attempt to connect the participant with short-term support if long-term support is not readily available.

Grantees are strongly encouraged to conduct initial (and any appropriate follow-up) inspections of the housing unit into which the participant will be moving. A sample habitability standards checklist for use during inspections can be found in **Exhibit B12**. This habitability inspection does not require a certified inspector.

b. Utility Payment Assistance

Utility payment assistance includes the payment of utility costs (i.e., heat, electricity, water, sewer and garbage collection) to help the participant obtain or retain permanent housing. Telephone or cell phone service are not eligible expenses. Utility assistance can be provided for amounts that are currently due or are in arrears. Amounts owed for telephone, cable, and other utilities not listed above are not eligible. A grantee may choose to require participants to share in the cost of utility-fee payments as a condition for receiving assistance.

Utility payment assistance may be provided to eligible participants using supportive services grant funds, with the following restrictions:

[3] Rent reasonableness means the total rent charged for a unit must be reasonable in relation to the rents being charged during the same time period for comparable units in the private unassisted market and must not exceed rents charged by the property owner during the same time period.

Restrictions on Utility Payment Assistance (per 38 CFR 62.34(b))	
Payment	▪ Payment must be made by the grantee directly to a utility company ▪ Participant, legal representative or a member of the household must have an account in his/her name with a utility company or proof of responsibility to make payments
Cost-Sharing with Other Programs	▪ Payments for utilities cannot be provided on behalf of participants for the same period of time and for the same cost types that are being provided through another Federal, State, or local program
Assistance Limit	▪ Maximum of 4 months utility payments in a 3-year period ▪ Maximum of 2 months utility payments in a 12-month period ▪ Arrears may be paid up to, but not exceed the maximum allowable months of assistance. In other words, each month of payment past due is counted individually towards the maximum number of allowable months. o For example, Jeff owes $500.00 in utilities accrued over 5 months with $100.00 owed each month. The SSVF program may pay up to $200.00 for debt accrued over 2 months. Note: Utility assistance may consist of payments for multiple types of utilities. For example, over a 3-year period, a grantee could assist a participant with 4 months of assistance for gas, electricity and water, provided the payments cover the same four months.

As with all temporary financial assistance payments made under the SSVF Program, utility payment assistance necessitates the development of a reasonable plan to address the participant's future ability to make utility payments. The grantee should assist the participant to implement such plan by providing necessary assistance directly or by helping the participant to obtain any necessary public or private benefits or services. In the creation of the plan, grantees must consider that many regions have seasonal fluctuations in the cost of utilities. If the grantee cannot help the participant to develop a reasonable plan to address the participant's future ability to pay utility payments, supportive services grant funds should not be used to provide utility-fee payment assistance. Instead, the grantee should attempt to connect the participant with a program offering long-term assistance.

c. Deposits

Deposit payment assistance includes the payment of security or utility deposits to help the participant obtain permanent housing. Deposit payment assistance may be provided on behalf of eligible participants using SSVF grant funds, and do not count towards the monthly assistance restrictions for both rent and allowable utilities, and have the following restrictions:

Restrictions on Deposit Payment Assistance (per 38 CFR 62.34(c))	
Payment	▪ Payment must be made by the grantee directly to the third party to whom the security or utility deposit is owed
Cost-Sharing with Other Programs	▪ Payments for deposits cannot be provided on behalf of participants for the same period of time and for the same cost

Restrictions on Deposit Payment Assistance (per 38 CFR 62.34(c))	
	types that are being provided through another Federal, State, or local program
Assistance Limit	▪ Maximum of one security deposit during a 3-year period ▪ Maximum of one utility deposit during a 3-year period

A grantee may choose to require participants to share in the cost of a deposit payment as a condition for receiving assistance. A deposit equivalent to no more than two months' rent is typically considered to be the maximum reasonable level.

Deposit payment assistance may only be provided if the payment of such assistance will directly allow the participant to obtain permanent housing. The grantee must work with the participant to develop a reasonable plan to stabilize housing so that additional deposits are not needed, and should assist the participant to implement a housing stability plan by directly providing necessary assistance or by helping the participant to obtain necessary public or private benefits or services. If the grantee cannot help the participant to develop a reasonable plan to address the participant's future housing stability, supportive services grant funds should not be used to provide deposit payment assistance.

Grantees have discretion to determine how to handle security deposits if and when an assisted household move from the assisted unit (assuming the landlord has not retained the deposit to pay for damages incurred by the tenant). The grantee may recover the security deposit (in which case it must be treated as program income) or the grantee may allow the Veteran family to keep the deposit and use it towards their next unit.

d. Moving Costs

Moving costs payment assistance includes costs necessary to help the participant obtain permanent housing. Moving costs may include reasonable costs such as truck rental, hiring a moving company, or short-term storage fees for a maximum of 3 months or until the participant is in permanent housing, whichever is shorter. Relocation transportation expenses such as bus, train or plane tickets are not allowable moving costs. Moving costs payment assistance may be provided on behalf of eligible participants using supportive services grant funds, with the following restrictions:

Restrictions on Moving Costs Payment Assistance (per 38 CFR 62.34(d))	
Payment	▪ Payment must be made by the grantee directly to a third party
Cost-Sharing with Other Programs	▪ Payments for moving costs cannot be provided on behalf of participants for the same period of time and for the same cost types that are being provided through another Federal, State, or local program
Assistance Limit	▪ Maximum of one time during a 3-year period

As a condition of providing moving costs assistance, the grantee must help the participant develop a reasonable plan to address the participant's future housing stability and assist the participant to implement such plan. Grantees may require participants to share in the cost of moving as a condition of receiving assistance with moving costs.

e. General Housing Stability Assistance

This new category of General Housing Stability Assistance was introduced in the NOFA published on October 26, 2012. General Housing Stability Assistance is limited to a total of $1,500 per participant household. This category allows for the provision of goods or payment of expenses not included in other sections but which are directly related to support a participant's housing stability, and are not available through existing mainstream and community resources. It should be noted that Emergency Supplies (38 CFR 62.34(e) are now a subcategory of General Housing Stability Assistance.

General Housing Stability Assistance may include:

(1) Items necessary for a participant's life or safety that are provided by the grantee to a participant household on a temporary basis in order to address an emergency situation. Items eligible as emergency supplies have a limit of $500 per SSVF Program under 38 CFR 62.34(e). This $500 is part of the total $1500 limit for General Housing Stability Assistance.

Eligible emergency supplies may include but are not limited to: food; medication, medical supplies only if participant or family is not eligible for VA healthcare, Medicaid, Medicare or other available healthcare insurance; baby formula or diapers; winter clothing, etc. that are necessary for the participant’s life or safetyThis purchase of necessary supplies is only an eligible expense when no other options exist for such support. If participants require further assistance, grantees should connect participants with other public income support (e.g., a grantee may choose to provide a participant with food for a dinner, but must connect that participant with a food pantry or food stamps program for the future).

(2) Expenses associated with gaining or keeping employment such uniforms, tools, certifications, and licenses;

(3) Expenses associated with moving into permanent housing, such as obtaining basic kitchen utensils, bedding and other supplies; and

(4) Expenses necessary for securing appropriate permanent housing such as fees for applications, brokerage fees, or background checks.

Items such as phone cards, gift cards of any kind, furniture other than bedding, major appliances, TVs, air conditioners or space heaters, linens, toiletries, etc. are not eligible. If a grantee is uncertain as to whether an expense is eligible, they are to contact their SSVF Regional Coordinator.

Restrictions on General Housing Stability Assistance	
Payment	▪ Payment must be made by the grantee directly to a third party
Cost-Sharing with Other Programs	▪ Payment for the cost General Housing Stability Assistance cannot be provided on behalf of participants for the same period of time and for the same cost types that are being provided through another Federal, State, or local program
Assistance Limit	▪ Maximum of $1500 per participant household.

f. Emergency Housing Assistance

Emergency Housing Assistance is a new category introduced in the NOFA published on October 26, 2012. This assistance allows SSVF programs to provide temporary housing for eligible literally homeless participants who are awaiting permanent housing **if** no other shelter is available. Assistance is available for up to 30 days of temporary housing that does not require the participant to sign a lease or occupancy agreement.

The following restrictions apply to the provision of Emergency Housing Assistance:

- Only families with children under the age of 18 may receive this assistance; individuals are not eligible
- Permanent housing has been secured but the participant cannot immediately move in
- The cost cannot exceed the reasonable community standard for such housing
- Limited to short-term commercial residences not already funded to provide on-demnad emergency shelter (private residences are not eligible)

g. Transportation Assistance

A grantee may provide transportation assistance if it will enhance housing stability. For example, a participant may require assistance with transportation to a job interview or a medical appointment. Because the use of public transportation is generally less expensive than the use of private vehicles and may be more sustainable in the long-term, grantees should consider providing public transportation tokens or vouchers before offering financial assistance for personal vehicles. If sufficient public transportation options are not locally available, a grantee may lease a vehicle to provide transportation services or may provide car repair or maintenance assistance on behalf of a participant. The following table outlines restrictions applicable to temporary transportation financial assistance:

Restrictions on Transportation Payment Assistance (per 38 CFR 62.33(d))	
Payment	▪ Payment must be made by the grantee directly to a third party
Cost-Sharing with Other Programs	▪ Payments for transportation cannot be provided on behalf of participants for the same period of time and for the same cost types that are being provided through another Federal, State, or local program
Assistance Limit	▪ No financial limit on amount of public transportation assistance for participants ▪ No time limit on public transportation assistance ▪ Maximum of $1,000 car repairs/maintenance in a 3-year period on behalf of a participant

The provision of money or gift cards to a participant to pay for gasoline is not permitted with SSVF funds. However, in rural areas with limited to no public transportation, the issuance of Gas Vouchers may be allowable only with prior approval from the SSVF Regional Coordinator, and under the conditions listed below.

1. A gas voucher is allowable only towards needs directly related to employment and is incorporated onto the participant household's Housing Plan.
2. The grantee will track the expense under General Housing Stability Assistance, and assistance limits apply (see above category e.)

3. Payment must be made by the grantee directly to a third party. For example, the grantee may make arrangements with a local gas station by pre-paying for gasoline only, require gas station to view identification of participant prior to approval of any gasoline purchase, and provide grantee with receipts for all gasoline purchases.

As with all temporary financial assistance payments made under the SSVF Program, the provision of transportation assistance requires the development of a housing stability plan. The grantee should consider a participant's unique situation, as well as the area's transportation options in creating such a plan, weighing the costs and benefits of different options. If the grantee cannot help the participant develop a reasonable plan to address the participant's future ability to pay for transportation, supportive services grant funds should not be used to provide transportation assistance. In that case, transportation assistance should be limited to the grantee's efforts to connect the participant with a program offering long-term assistance.

h. Child Care Assistance

A grantee may make payments on behalf of a participant to an "eligible child care provider" providing child care services. Such child care payments should only be provided by the grantee if the assistance will improve a participant's housing stability (e.g., if the provision of child care assistance will allow the participant to obtain or maintain employment). The following table outlines restrictions applicable to child care assistance payments:

Restrictions on Child Care Assistance Payment (per 38 CFR 62.33(h))	
Payment	▪ Payment must be made by the grantee directly to an "eligible child care provider" (An "eligible child care provider" is a provider of child care services for compensation, including a provider of care for a school-age child during non-school hours, that: (1) is licensed, regulated, registered, or otherwise legally operating, under state and local law, and (2) satisfies the state and local requirements, applicable to the child care services the provider provides.)
Cost-Sharing with Other Programs	▪ Payments for child care cannot be provided on behalf of participants for the same period of time and for the same cost types that are being provided through another Federal, State, or local program
Assistance Limit	▪ Maximum of 4 months in a 12-month period, per household *(Note: Household may include multiple children)*

As with all temporary financial assistance payments made under the SSVF Program, the provision of child care assistance requires the development of a reasonable housing stability plan to address the participant's future ability to pay for child care. Grantees should assist the participant to implement such plan by providing any necessary assistance or helping the participant to obtain any necessary public or private benefits or services. If the grantee cannot help the participant develop a reasonable plan, child care assistance should be limited to the grantee's efforts to connect the participant with a program offering long-term assistance.

3. Restrictions on Payments

Temporary financial assistance payments cannot be paid to the participant and must be paid directly to a third party on behalf of a participant. In order to prevent temporary financial assistance from consuming a disproportionate amount of grant funds, VA has set a limit in the NOFA a maximum allowable percentage of funds used for temporary financial assistance. See **Exhibit A1** for a summary of NOFA requirements concerning uses of SSVF grant funds. Additionally, timing and other restrictions on the use of eligible temporary financial assistance can be found in 38 CFR 62.33 and 38 CFR 62.34. VA may choose to impose additional limitations in the NOFA than may be shared in the Program Guide and grantees are encouraged to refer to the NOFA and updated FAQ (posted on the SSVF website) for additional guidance. *Note: Temporary financial assistance is not a required service. Grantees may choose to impose additional limitations on such assistance. Please see Section IX.E. for list of ineligible activities, including costs associated with temporary financial assistance.*

4. Documentation Required

Grantees must maintain records that justify the provision of temporary financial assistance. Program Guide Section VII.F. outlines the case file documentation required to verify the eligibility of a temporary financial assistance payment. See **Exhibit B13** for a sample financial assistance request form.

VI. Participant Eligibility Determination and Documentation

It is important that each participant file includes documentation that verifies the participant meets SSVF Program eligibility requirements and specifies the participant's category of "occupying permanent housing". Grantees with insufficient case file documentation may be found out of compliance with SSVF Program regulations during a VA monitoring visit. Grantees must develop policies and procedures that ensure appropriate documentation is obtained and included in participants' files. VA encourages grantees to use this Program Guide to help them ensure appropriate and sufficient information is collected, documented, and maintained in participant case files to document program compliance.

A. SSVF Eligibility Requirements

As described in Program Guide Section II.B, to become a participant under the SSVF Program, the following conditions must be met:

1. ***A member of a "Veteran family":*** Either (a) a Veteran; or (b) a member of a family in which the head of household, or the spouse of the head of household, is a Veteran. *(Note: The head of household should be identified by the Veteran family.)*

2. ***"Very low-income":*** Household income does not exceed 50% of area median income. Unless VA announces otherwise in the NOFA, the median income for an area or community will be determined using the income limits most recently published by the Department of Housing and Urban Development for programs under section 8 of the United States Housing Act of 1937 (42 U.S.C. 1437f), which can be found at http://www.huduser.org/portal/datasets/il.html. See the Appendices in this Guide for tools to assist grantees in determining and documenting income.

3. ***"Occupying Permanent Housing":*** A very low-income Veteran family is considered to be occupying permanent housing if they fall into one of three categories:

   (1) Is residing in permanent housing;
   (2) Is homeless and scheduled to become a resident of permanent housing within 90 days pending the location or development of housing suitable for permanent housing; or
   (3) Has exited permanent housing within the previous 90 days to seek other housing that is responsive to the very low-income Veteran family's needs and preferences.

B. Determining Veteran Household Status Eligibility

As discussed above, eligible participants will be part of a "Veteran family," meaning that the person to be served is either (a) a Veteran; or (b) a member of a family in which the head of household, or the spouse of the head of household, is a Veteran.

1. Verifying Veteran Status

As per 38 CFR 62.2, "Veteran" is defined as "a person who served in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable."
Provided the individual has served in the active military, naval, air service, National Guard, or Merchant Marines, and was discharged or released therefrom under conditions other than dishonorable, he or she qualifies as a "Veteran" for SSVF purposes. (*Note: Bad Conduct discharges are not the same as Dishonorable, and as such, are eligible*).

To prove a participant's Veteran status, grantees should obtain a copy of the Veteran's Department of Defense (DD) Form 214 Certificate of Release or Discharge from Active Duty (see Section I.C. of Program Guide for definition of DD Form 214) and keep a copy of that form in the Veteran family's file. A Statement of Service (SOS)along with one or more of the following may be used as interim verification of Veteran status while pursuing the DD214: a VA Medical Card, HINQ (see below), or an Affidavit of Veteran Status signed by the Veteran If the Veteran is not in possession of his or her DD Form 214, the grantee should assist the Veteran in submitting an SF-180, Request Pertaining to Military Records, to confirm the individual's status. Information on how to submit this form can be found on the National Archives website: http://www.archives.gov/veterans/military-service-records/dd-214.html. Please note that grant funds cannot be used to help an individual change his or her discharge status.

The Department of Veteran Affairs utilizes several methods of Veteran eligibility verification.
a. The Health Eligibility Center (HEC) supports VA's health care delivery system by providing centralized eligibility verification and enrollment processing services.
b. Hospital Inquiry System (HINQS) is used by VA Medical Centers to query VBA's compensation and pension BDN to secure information on C&P entitlements and eligibility.
c. Veteran Information Solution (VIS) is a web-based application that provides a consolidated view of comprehensive eligibility and benefits utilization data from across VBA and DoD.

There are two potential options for verifying Veteran eligibility:

1. Direct access to VIS or HINQS
2. Requesting verification through an existing VIS or HINQS user

SSVF grantees, as VA Contract Staff, can apply for VIS access by having a complete VA background and security check and completing the Common Security Services (CSS) user Access Request.

To request verification through an existing VIS or HINQS user, grantees can call a designated staff at the lcoal VA medical center with VIS access. Some facilities work out a call process with the VHA registration staff.

Grantees unfamiliar with either of these processes may contact their SSVF Regional Coordinator for assistance.

2. Verifying Veteran Household Status

The SSVF Program defines a Veteran family as "A Veteran who is a single person or a family in which the head of household, or the spouse of the head of household, is a Veteran." Grantees should document head of household status in the form of self-declaration or other documents deemed appropriate to document household composition. As noted previously, a household is defined as "All persons who together present for services and identify themselves as being part of the same household." Self- or staff-declarations are acceptable. *(Note: Proof of family status is not required, but may serve as proof of household status in some circumstances.)*

C. Determining Income Eligibility

The SSVF Program defines an eligible very low-income Veteran family as one whose annual income, as determined in accordance with 24 CFR 5.609, does not exceed 50 percent of the median income for an area or community. Unless VA announces otherwise in the NOFA, the median income for an area or community will be determined using the income limits most recently published by HUD for programs under section 8 of the United States Housing Act of 1937 (42 U.S.C. 1437f). HUD's current income limits can be found at http://www.huduser.org/portal/datasets/il.html. Adjustments may be made to the required income level based on family size and other mitigating factors listed in the NOFA. The grantee must establish the size of the Veteran family's household to verify that the Veteran family meets the income eligibility requirement.

1. Area Median Income (AMI)

As indicated in the SSVF regulations, to be eligible to receive any type of SSVF assistance, a Veteran family must have a gross annual income that is at or below 50% of AMI, (which is considered "very low-income"). In their grant application, grantees may have indicated they were targeting Veterans with even lower incomes, such as 30% of AMI. AMI is based upon income data for the state or local jurisdiction in which a household resides, and is dependent on the size of the household (i.e., number of household members). The AMI for each state and community can be found at: http://www.huduser.org/DATASETS/il.html. Please note this data set is updated annually. Grantees should be sure to use the most recent data posted.

2. Income Definition

The SSVF income definition contains income "inclusions" (types of income to be counted) and "exclusions" (types of income that are not to be counted as income) for SSVF purposes. Annual income means all included amounts, that go to or are on behalf of, another family member during the 12-month period following admission or annual reexamination effective date. The Housing Choice Voucher Program Guidebook, Income Inclusions, Exhibit 5-2 contains the complete definition of annual income as published in the regulations and *Federal Register* notices. Annual income means all amounts that are not specifically excluded by regulation.

The following types of income must be counted (inclusions) when calculating annual income for SSVF eligibility purposes:

- Earned Income --Wages, Salaries, etc. for any adult member of the household (note: wages that are garnished are included as earned income)
- Self-Employment/Business Income
- Interest & Dividend Income
- Pension/Retirement Income
- Unemployment & Disability Income (excluding lump sum payments)
- TANF / Public Assistance, including the portion of the grant designated for child(ren)
- Alimony and Child Support Income
- Armed Forces Income
- G.I. Bill Housing Stipend

The following types of income are NOT counted (exclusions) when calculating current gross income for SSVF eligibility purposes:

- Income of Children
- Inheritance and Insurance Income
- Medical Expense Reimbursements
- Income of Live-in Aides
- Student Financial Aid, including G.I. Bill Student Financial Aid
- Armed Forces Hostile Fire Pay
- Self-Sufficiency Program Income
- Other Income (i.e., temporary, non-recurring or sporadic income)
- Reparations
- Income from full-time students
- Foster Care Income
- Adoption Assistance Payments
- Deferred and Lump Sum Social Security & SSI payments
- Income Tax and Property Tax refunds
- Home Care Assistance
- Veterans Retraining Assistance Program (VRAP) assistance
- Other Federal Exclusions

A detailed list with an explanation of these inclusions and exclusions is included in **Exhibit A2** of this document.

Some types of excluded income, such as tax refunds, could be counted by grantees to be household assets. Grantees are required to include in the calculation of annual income any interest or dividends earned on assets held by the family. For additional information on determining income from assets, please see the below "Determining Income from Assets" section.

3. Income Calculation

After determining and documenting specific sources of income that must be included in the income calculation for each household, grantee then calculate the household's (not just the Veteran's) annual income.

a. Annualizing Wages and Periodic Payments

When calculating income based on hourly, weekly or monthly payment information, add the gross amount earned in each pay period for which there is documentation and divide by the number of pay periods. This provides an average wage per payment period. Depending on pay periods used by the employer or the schedule of periodic payments, the following calculations convert the average wage into annual income:

- Hourly Wage multiplied by hours worked per week multiplied by 52 weeks
- Weekly Wage multiplied by 52 weeks
- Bi-Weekly (every other week) Wage multiplied by 26 bi-weekly periods
- Semi-Monthly Wage (twice a month) multiplied by 24 semi-monthly periods
- Monthly Wage multiplied by 12 months

Grantees may choose among the following two methods of calculating annual income:

- Calculating projected annual income by annualizing *current* income

OR

- Using information available to average *anticipated income* from all known sources when the sources are expected to change during the year.

For example, a Veteran works as a teacher's assistant nine months annually and receives $1,300 per month. During the summer recess, the Veteran works for the Parks and Recreation Department for $600 per month. Grantees may calculate the Veteran family's income using either of the following two methods:

- *Calculate Annual Income Based on Current Income*: $15,600 ($1300 x 12 months). If recertification falls during summer recess, the grantee would recalculate the Veteran family's income during the summer months at a reduced annualized amount of $7200 ($600 x 12 months).

- *Calculate Annual Income Based on Average Experience*:

$11,700	($1300 x 9 months)
+ 1,800	($ 600 x 3 months)
$13,500	

Using the first method requires documentation of only one source of income; under the second method, the Veteran family's intake file would include documentation of both sources of income.

If a household's periodic benefits and/or period of employment are capped, grantees should not annualize benefits/pay beyond the maximum level of benefit/pay that can be received. For example, a client receives $100 of unemployment per week, but unemployment is capped at $4,000 per year. The client's annualized unemployment benefits should be calculated at $4,000, and not $100 * 52 = $5,200. Another example, the household is employed for a quarter and will receive $500/week. The client's annualized pay should be calculated at $6,000 and not $500*52 = $26,000.

However, to the extent that there is certainty about expected income, future income should be taken into account when determining whether a household has other financial resources. Remember, grantees are encouraged to assess all circumstances and document that the household would be homeless ***but for*** the SSVF assistance. As such, case managers should carefully evaluate the circumstances and probability of future income. For example, while a seasonal worker may expect to earn income during an upcoming season, if s/he has no promise of future employment, the potential of future employment should not be counted as a resource. In contrast, if a school teacher has a promise of future employment (by way of a renewed employment contract), the potential of future employment should be accounted for in the assessment of other financial resources. This is not to say that the school teacher in the example would be automatically determined ineligible. Rather, grantees should determine when the employment opportunity will take effect (i.e. when the income will be earned) and create a financial assistance plans that account for an eligible Veteran family's financial resources.

Documentation of a Veteran family's annual income and the percent of AMI that income represents (not to exceed the SSVF maximum of 50% of AMI) must be maintained in the participant's file as documentation of eligibility. A sample Income Calculation worksheet is located in **Exhibit B8**.

b. Determining Income from Assets

Grantees are required to include in the calculation of annual income any interest or dividends earned on assets held by the family. When net family assets are $5,000 or less, use the actual income from assets. When family assets are more than $5,000, use the greater of:

- Actual income from assets; or
- A percentage of the value of such assets based upon the current passbook savings rate as established by HUD.[4] This is called imputed income from assets.

c. Summary of Asset Inclusions and Exclusions

Asset Inclusions	Asset Exclusions
1. Amounts in savings and checking accounts	1. Necessary personal property, except as noted in Inclusion #9.
2. Stocks, bonds, savings certificates,	2. Interest in Indian trust lands.

[4] Please contact your HUD field office in order to determine the applicable passbook savings rate. See http://portal.hud.gov/hudportal/documents/huddoc?id=DOC_11847.pdf for more information.

Asset Inclusions	Asset Exclusions
money market funds and other investment accounts	
3. Equity in real property or other capital investments. Equity is the estimated current market value of the asset less the unpaid balance on all loans secured by the assets *and* reasonable costs (such as broker fees) that would be incurred in selling the assets.	3. Assets that are part of an active business or farming operation.
4. The cash value of trusts that may be withdrawn by the family.	4. NOTE: Rental properties are considered personal assets held as an investment rather than business assets unless real estate is the applicant's / tenant's main occupation.
5. IRA, Keogh and similar retirement savings, even though withdrawal would result in a penalty.	5. Assets not controlled by or accessible to the family and which provide no income for the family.
6. Some contributions to company retirement/ pension funds. Note the discussion below on accessibility of the funds.	6. Vehicles especially equipped for the disabled.
7. Assets, which although owned by more than one person, allow unrestricted access by the applicant.	7. Equity in owner-occupied cooperatives and manufactured homes in which the family lives.
8. Lump sum receipts such as inheritances, capital gains, lottery winnings, insurance settlements, and other claims.	
9. Personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc.	
10. Cash value of life insurance policies.	
11. Assets disposed of for less than fair market value during the two years preceding certification or recertification.	

NOTE: A key factor in whether or not to include an asset in the calculation of annual income is whether any member of the family has access to the asset.

Assets Calculation Example

Compare Actual Income from Assets to Imputed Income from Assets

Applicant has $7,900 in assets. (Assume passbook rate of 3.5 percent.)

Applicant actual income from assets is paid at 1.5% simple interest annually = $119.

Assets:	$ 7,900
HUD-determined passbook rate	x .035
Imputed income from assets	$ 277

Compare actual interest of $119 to imputed interest of $277. The actual interest of $277 (the greater of the two) will be used as income from assets in the calculation of annual income.

d. Additional Guidance on Calculating the Value of Assets and Income from Assets

Contributions to Company Retirement/Pension Funds
While a participant is employed, count as an asset only amounts the participant could withdraw from a company retirement or pension fund without retiring or terminating employment.

After retirement or termination of employment, count as an asset any amount the employee elects to receive as a lump sum from the company retirement/pension fund.

Include in *annual income* any retirement benefits received through periodic payments.

In order to correctly include or exclude as assets any amount now held in retirement/pension funds for employed persons, the grantee must know whether the money is accessible before retirement.

Equity in Real Property
Real property includes land or real estate owned by the participant or participant household. Equity is the portion of the market value of the asset which is owned by the participant (the amount which would be available to the household if the property were to be sold). It is equal to the market value less any mortgage or loans secured against the property (which must be paid off upon sale of the property).

Calculate equity in real property as follows:
Market Value - Loan (Mortgage) = Equity

Calculate the cash value of real property as follows:
Equity - Expense to Convert to Cash = Cash Value

Expenses to convert to cash may include costs that would be paid to liquidate the asset, such as sales commissions, settlement costs, and transfer taxes.

Assets Disposed of for less than Fair Market Value
At initial certification or reexamination, grantees must ask whether a household has disposed of an asset for less than its market value within the past two years. If the family has, the grantee must determine the difference between the cash value of the asset at time of sale or other disposal and the actual payment received of for the asset.

Some of the types of assets that must be considered include cash, real property, stocks, bonds, and certificates of deposit. They must be counted if the household gave them away or sold them for less than the market value. Note: Generally, assets disposed of as a result of a divorce, separation, foreclosure, or bankruptcy are *not* considered assets disposed of for less than fair market value.

VA does not specify a minimum threshold for counting assets disposed of for less than fair market value. A grantee may establish a threshold that will enable it to ignore small amounts such as charitable contributions. (HUD Handbook 4350.3, for multifamily subsidized housing, uses $1,000 as a threshold.) Verification of assets disposed of for less than fair market value is generally done by participant certification. Grantees need verify only those certifications that warrant documentation.

Valuing Assets
Because of the requirement to include the greater of the actual interest/dividend income earned or a percentage based upon a HUD published passbook rate when assets are greater than $5,000, the value of assets *may* affect the family's annual income.

Grantees must determine the *market value* of the asset and then calculate the *cash value* by subtracting the estimated expense required were the participant to convert the asset to cash.

Expense to convert to cash includes costs such as:

- Penalties for premature withdrawal (e.g. the 10% penalty paid when a retirement account is closed prior to retirement age, or a certificate of deposit is withdrawn prior to maturity);
- Broker and legal fees (e.g. a percentage of the value of the asset incurred in the sale of stocks, bonds, real estate, etc.); and
- Settlement costs incurred in real estate transactions (e.g. the typical percentage of sales price for settlement in the locality).

NOTE: Grantees must not require participants to dispose of assets in order to determine the costs to convert to cash. These amounts simply reflect a realistic estimate of costs, and by deducting them from the market value of the asset, the imputed income from the asset is based on an amount the participant would have in hand if they converted their assets to cash.

Federal Tax Refunds Received within the Previous 12 Months

If Federal tax refunds received within the previous 12 months make up part of a household's cash assets, that part of the household's cash assets must not be counted among the household's financial resources when determining the household's eligibility or need for assistance under SSVF. See "Tax Relief, Unemployment Insurance Reauthorization, and Job Creation Act of 2010," Pub. L. No. 111-312, § 728, 124 Stat. 3296, 3317.

For example, if a household applying for SSVF assistance in July 2011 has $2000 in total assets that includes a $500 federal income tax refund received in April 2011, no more than $1500 of the household's total assets may be considered when determining whether the household has the financial resources and support networks needed to obtain immediate housing or remain in its existing housing or when determining the amount or type of assistance that household needs.

This exclusion does not apply to Federal tax refunds received prior to the previous 12 months or state tax refunds. If those tax refunds make up part of a household's cash assets, they are treated the same as the other cash assets.

D. Determining Housing Status Eligibility

As with income eligibility, upon entering the SSVF program and every three months thereafter, all participants applying (or being recertified) for SSVF assistance must undergo a housing status eligibility determination. The results must be documented in the case file. This section provides detailed information on housing status eligibility (in addition to requirements and instructions provided in Section VII.A. of this Program Guide).

1. Category 1 Eligibility (Homelessness Prevention)

Homelessness prevention assistance is intended for eligible Veteran families who are imminently at-risk of becoming literally homeless ***but for*** SSVF assistance. Targeting SSVF assistance in this manner helps ensure limited SSVF resources are directed to Veteran families most in need of assistance to avoid falling into literal homelessness (e.g., entering an emergency shelter).

To qualify under **Category 1**, a Veteran family must be "residing in permanent housing." This encompasses many different housing situations, including where a Veteran family is residing in (i) a leased unit, (ii) a house with a mortgage, (iii) a unit shared with others (i.e. doubled-up), or (iv) a hotel or motel not paid for by federal, state, or local government programs for low-income individuals or by charitable organizations. The ideal Category 1 participant is an individual or family who will imminently lose their primary nighttime residence within 14 days of application for assistance.

Veteran families who are presently in such permanent housing should meet the following criteria to qualify for homelessness prevention assistance:

A. Be imminently losing their current primary nighttime residence (housing an individual or family owns, rents, or lives in with or without paying rent; housing shared with others; and rooms in hotels or motels paid for by the individual or family); **AND**

B. Be at risk of becoming literally homeless ***but for*** SSVF assistance, meaning the Veteran family:
   - Has no other residence; **AND**
   - Has no resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent them from becoming literally homeless.

C. Additionally, in order to ensure resources are targeted to those most at risk, a Veteran family in Category 1 should meet at least one of the following conditions:
   - Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;
   - Is living in the home of another because of economic hardship;
   - Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance;
   - Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by Federal, State, or local government programs for low-income individuals;
   - Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, or correctional institution) without a stable housing plan; **OR**
   - Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness.

Those Veteran families that qualify under **Category 1** may require assistance to help them remain in their existing permanent housing or identify new housing that will better meet their needs and be sustainable. For example, the Veteran family may imminently lose their housing if rent arrears are not paid, and the grantee may assist that Veteran family to pay the arrears and develop a housing stability plan that will reasonably result in the Veteran family being able to afford the rent for that unit in the future. Alternatively, if that same Veteran family would not reasonably be able to afford that unit in the future, the grantee may assist the Veteran family to locate an alternate housing arrangement that is sustainable for the Veteran family.

2. Categories 2 and 3 Eligibility (Rapid Re-Housing)

Rapid re-housing assistance is intended for eligible Veteran families who are literally homeless and may remain literally homeless ***but for*** SSVF assistance. Targeting SSVF assistance in this manner helps ensure limited SSVF resources are directed to Veteran families most in need of assistance to end their homelessness (e.g., exit an emergency shelter and obtain their own housing).

VA expects grantees to target rapid re-housing assistance towards those persons who ***but for*** SSVF assistance would remain literally homeless. Persons who are “homeless” include persons who at time of application or reassessment lack a fixed, regular, and adequate nighttime residence, including Veteran families who are:

- Staying in a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; **OR**

- Staying in a supervised publicly- or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); **OR**
- Exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

To qualify under **Category 2**, the Veteran family must be:

- Homeless, per the McKinney-Vento Act (as amended by the HEARTH Act) (**except** those who qualify under **Category 1**); **AND**
- Scheduled to become a resident of permanent housing within 90 days pending the location or development of suitable permanent housing.

To qualify under **Category 3**, a Veteran family must:

- Have exited from permanent housing in the last 90 days to seek other housing that is responsive to the Veteran family's needs and preferences; **AND**
- Not otherwise be eligible under **Category 1.**

E. Recertification of Eligibility

VA requires grantees to evaluate and certify the eligibility of participants (per the above criteria) at entry into the program and at least once every 3 months for all households receiving SSVF supportive services lasting longer than 3 months. This requirement applies to all participants, regardless of whether or not the participant is receiving temporary financial assistance.

Recertification must take place before a grantee approves or provides a 4th month of assistance. A grantee may choose to recertify the client 3 months from the date of participant intake, 3 months from the date when the client begins to receive financial assistance, or at some point in between those dates as long as the client is recertified prior to receiving a 4th month of SSVF assistance (or 7th, or 10th, etc.). Grantees should begin the recertification process early enough so that they have time to gather needed documentation to confirm continued eligibility without a break in assistance.

In situations where there is a break in assistance (e.g., the client receives two months of assistance, is exited from the program, and later re-applies for assistance), the household must be re-evaluated as if they were going through an initial consultation regardless of how many months of assistance were initially provided since a change in income, family composition, or need may have taken place during the interim.

The intent of the recertification rule is to ensure programs are fully evaluating households that are receiving ongoing supportive services to ensure the household remains eligible and needs continued assistance to prevent homelessness or a recurrence of homelessness, particularly since eligibility is based on current income as opposed to past or projected income.

The reassessment process will vary just slightly from the original assessment process since grantees are evaluating the participant's current status against the barriers identified during the original consultation. However, all assessment areas (income, housing status, Veteran family status, and housing options/resources) still apply and should be reviewed and documented during the recertification.

1. Reassessment Areas

The following areas should be reassessed by grantees:

a. **Income Eligibility:** The participant must still be at or below 50% AMI. Grantees must recalculate and document household income as they did during the original assessment, since circumstances may have changed in the intervening months. If a household is over 50% AMI at the time it is reassessed, that household is no longer eligible for SSVF assistance.

b. **Housing Status Eligibility:** VA's expectation is that SSVF staff will evaluate a participant's progress at the initial consultation, as well as at the recertification every 3 months to determine and document whether the household remains qualified for continued SSVF services in Category 1 (residing in permanent housing but at-risk of homelessness); in Category 2 (homeless and scheduled to become a resident of permanent housing in 90 days); or in Category 3 (exited permanent housing in last 90 days). Grantees should evaluate the presence of ongoing barriers to stable housing and risk factors that indicate a household continues to need SSVF assistance to prevent or end homelessness. If a change in housing status has occurred since the last recertification (for example, the household moved into permanent housing from homelessness), this change is noted in the recertification paperwork. The household's housing status category does not need to be reclassified.

   Grantees should be mindful of the time limitations for serving those in Category 2 and Category 3. Participants classified as Category 2 housing status (must be homeless and remain scheduled to become a resident of permanent housing in 90 days) may continue to receive services after 90 days if there is still a schedule for the participant to become a resident of permanent housing within an additional 90 days. For example, a participant may have been scheduled to move into permanent housing within 90 days of enrollment, and the move has been delayed for identified reasons (construction delays, identified unit is not ready for occupancy when expected, etc.). It is anticipated that the cause for delay will be resolved and the participant is now scheduled to move within the next 90 days.

   For participants classified in Category 3 grantees may only serve until the earlier of (i) the participant commences receipt of other housing services adequate to meet the participant's needs, or (ii) 90 days from the date the participant exits permanent housing. See Program Guide Section II.B. for more information on the time restrictions for the different categories.

c. **Other Resources/Support Networks ("But For") Eligibility:** SSVF staff should again assess and document whether the household lacks the financial resources and support networks needed to obtain housing or remain in their housing.

d. **Confirmation of Veteran Family Status:** The grantee should confirm whether the participant remains part of a Veteran family. If a Veteran becomes absent from a household or dies while other members of the Veteran family are receiving supportive services, then services may continue to the remaining family members for a grace period established by the grantee. The grace period cannot exceed 1 year from the date of absence or death of the Veteran, and all other requirements for eligibility remain the same. The grantee is required to notify the Veteran's family member(s) of the duration of the grace period.

2. Adjusting Assistance at Reassessment

As explained above, the appropriate level of supportive services and temporary financial assistance, if given, should be based on a participant's specific needs. It is important for case managers to consider during each reassessment if circumstances have changed and how much assistance a household actually needs for housing stability at that point. Assistance levels for services or financial assistance can then be adjusted to be greater or less than included in the original plan. (For more information on different types of subsidies, see "Designing and Delivering HPRP Financial Assistance", available on the HRE at: http://www.hudhre.info/documents/HPRP_FinancialAssistance.pdf.)

If a participant becomes ineligible to receive supportive services with SSVF funds during the recertification process, the grantee is required to provide the participant with information on other available programs or resources.

Each person who conducts an assessment and eligibility screening should complete a SSVF Staff Certification of Eligibility for SSVF Assistance, **Exhibit B5**, for every participant case file.

F. Case File Documentation Requirements

Grantees are responsible for maintaining case files for each participant household. This Program Guide provides sample templates and forms to assist grantees in developing the required documentation. During the annual monitoring visit, case files will be inspected for the following:

- Intake screening
- Verification of participant eligibility (Veteran status, household income, and housing status)
- Housing stability plan
- Provision of the types of supportive services and, if applicable, types of financial assistance
- Recertification and reassessment (at least once every 90 days for all participants)
- Rent reasonableness determination, if applicable
- Housing inspections, if applicable

1. Documentation Standards

Grantees are responsible for verifying and documenting the eligibility of all Veteran families prior to providing SSVF assistance. They are also responsible for maintaining this documentation in the SSVF participant case file once approved for assistance. Grantees with insufficient case file documentation may be found out of compliance with SSVF program regulations during VA monitoring. It is important for grantees to develop policies and procedures to ensure appropriate documentation is obtained and included in SSVF participants' files.

For purposes of SSVF, VA allows various types of documentation, ranging from third–party written verification to participant self-declaration. Minimum acceptable types of documentation vary depending on the type of income or particular housing status and circumstance being documented. See **Exhibit A2** for detailed documentation standards. General documentation standards, *in order of preference*, are as follows:

A. Written Third Party — Verification in writing from a third party (e.g. individual employer, Social Security Administration, welfare office, emergency shelter provider, etc.) either directly to SSVF staff or via the Veteran family is most preferred. Third party verification of income, such as a deposit slip for a paycheck, might show income after deductions have been made; grantees must document gross income, before any deductions. Written third-party documentation may include completion of a standardized form, such as a verification of income statement. See **Exhibits B6 and B3** for sample "SSVF Income Verification Certification" and "SSVF Homeless Certification" templates, respectively.

B. Oral Third Party — Verification from a third party (e.g. individual employer, Social Security Administration, welfare office, etc.) provided by the third party over the telephone or in-person directly to SSVF staff. Oral third party verification is acceptable only if written third party verification cannot be obtained in time to resolve the housing crisis. SSVF staff must document reasons why third party written verification could not be obtained in the SSVF participant file, per the requirements in the tables below. See **Exhibit B6** "SSVF Income Verification Certification" template for an example. *Please note this is different from participant self-declaration of income. If a Veteran family orally declares income, it would fall under "participant self-declaration" below.*

C. Participant Self-Declaration — An affidavit of income and/or housing status as reported by the household is allowable, but is only acceptable if written or verbal third party verification cannot be obtained. Self-declaration of housing status (e.g., eviction) should be rare. SSVF staff must document reasons why third party written or oral verification could not be obtained in the SSVF participant file, per the requirements in the tables below. See **Exhibits B1 and B2** for "SSVF Self-Declaration of Income" and "SSVF Self-Declaration of Housing Status" templates for examples.

VA encourages grantees to carefully review what documentation is included in participant case files through periodic monitoring and be sure it is sufficient to document the household meets all eligibility criteria. Remember, specifically for housing status, determining eligibility can be a multi-level process. Veteran families must meet ALL criteria and evidence of this must be present in the case file.

2. SSVF Staff Certification of Eligibility for SSVF Assistance

Exhibit B5 is a template *SSVF Staff Certification of Eligibility for SSVF Assistance* form. This form or a similar certification form should be maintained in each participant's file and is subject to review by VA. If the grantee creates their own form rather than using the attached template, their form should certify that the household meets all eligibility criteria for SSVF assistance, that true and complete information was used to determine eligibility, and that no conflict of interest exists related to the provision of SSVF assistance.

A Staff Certification form should be completed for each household deemed eligible for SSVF assistance. The Staff Certification should be completed and signed by the person determining eligibility and his or her supervisor for all households. This form should be completed at intake and at all reassessments.

3. Determining Acceptable Level of Documentation

VA expects that all grantees will make a conscientious and reasonable effort to use the highest documentation standard possible. Detailed tables outlining all acceptable forms of homelessness and income documentation are included in **Exhibits A3, C1 and C2**.

To determine the highest documentation standard that is reasonable, each SSVF grantee should review their own existing resources (i.e., funding, capacity, pre-existing income verification process for other programs). Some grantees already utilize a third-party verification process that could be reasonably incorporated into the SSVF eligibility determination and documentation process. However, for other types of organizations (e.g., small non-profits), a lower level of income or housing status verification and documentation may be all that is reasonable.

Establishing a reasonable documentation standard also depends on the type of service provided. For example, the highest level of income documentation for one-time or emergency assistance may not be reasonable given the urgency of the participant's housing crisis and/or short-term nature of the assistance. It would not be reasonable to delay SSVF assistance if third party documentation cannot be obtained in time to allow assistance to be provided and literal homelessness averted. Rental assistance over multiple months and/or other ongoing assistance (i.e., case management) may allow for a higher documentation standard. The SSVF grantee is encouraged to provide a brief written description of efforts to obtain third-party documentation in the participant case file (e.g., in case notes, participant assessment form, or participant self-declaration).

The income and housing status documentation tables in **Exhibit A3** outline the minimum documentation standards. SSVF staff must clearly and briefly describe in participant case files each instance when a documentation standard is used that is lower than the most preferred, third-party standard, per the tables in **Exhibit A3**. This may be done as part of the documented client assessment or as part of other case file documentation (e.g., in case notes, on income verification form).

Grantees should note that self-declaration of housing status for participants who are at-risk of losing housing should be used ONLY in very limited circumstances. VA recognizes there may be some unusual cases where a third party is not able to provide documentation that a

participant is at-risk of losing housing (e.g., death of a landlord). In these rare cases, grantees should clearly document the situation in the case file including all attempts to obtain verification of housing status. If the circumstances for allowing third-party (written or oral) verification are not clearly documented in the case file, the grantee may be found in non-compliance with the SSVF Program.

4. Timeliness of Income Documentation

The definition of income for the SSVF program reflects a Veteran family's annual income at the time of application. Accordingly, documents and information collected to verify income should be recent and current at time of application for SSVF assistance.

VII. Program Operations

A. Participant Agreements

Prior to providing SSVF assistance to a participant, a grantee is encouraged to enter into a written agreement with the participant. This agreement would describe the grantee's SSVF grant program and any conditions or restrictions on the receipt of supportive services by the participant. Participant agreements and conditions should be fully disclosed to potential participants and acknowledged in writing by both parties. A sample participant agreement can be found in **Exhibit B14**.

B. Participant Fees

Grantees may not charge a fee to participants for providing supportive services that are funded using funds from a supportive services grant. *Note: this prohibition does not prevent grantees from requiring participants to cost-share, with a grantee, any expenses for which temporary financial assistance is provided.*

C. Participant Safety and Critical Incident Reports

A critical goal of the SSVF Program is to ensure the safety of all participants, supportive service coordinators and their staff. Grantees are encouraged to develop a comprehensive safety plan to maintain the safety of participants and staff and the confidentiality of the program's participants and their records. In developing a plan, VA recommends that grantees:

- Establish goals and objectives that reduce and eliminate accidents, injuries and illnesses related to administering supportive services to participants;
- Develop plans and procedures for evaluating the safety program's effectiveness, both at the program office and in the field;
- Develop priorities for remedying the identified factors which cause accidents, injuries and illnesses; and
- Conduct adequate safety and health training for officials at different levels, including supervisory employees, employees responsible for conducting participant home visits and/or habitability inspections (see Habitability Standards section below), employee representatives and other employees.

If a grantee becomes aware of a health or safety issue related to the participant, including unsafe accommodations, the grantee must report the issue to the appropriate authorities. Grantees are expected to comply with all applicable laws. If a participant's actions pose a health or safety risk to that participant or another person, the grantee must notify the police or another appropriate authority. Once the appropriate authority has been alerted, the grantee should notify the SSVF Program Office about a critical incident involving a participant as soon as possible, but within a timeframe not to exceed 48 hours after the grantee has been made aware of the situation. Critical incidents include, but are not limited to, death, attempted or completed suicide, arrests for violent crimes, an assault on program staff, or inappropriate staff involvement. A sample SSVF Incident Report to be used for such situations can be found in **Exhibit B15**.

D. Habitability Standards

Grantees using SSVF grant funds to provide rental assistance, security deposits or moving costs, as defined under 38 CFR 62.34, on behalf of a participant moving into a new (different) housing unit are strongly encouraged to conduct initial and any appropriate follow-up inspections of the housing unit into which the participant will be moving. While inspections are not required, they are strongly encouraged, as grantees assisting a participant to move into a new housing unit should be interested in ensuring that the new housing unit meets certain basic standards. A sample *Habitability Standards Checklist* for use during inspections can be found in **Exhibit B12**. This habitability inspection does not require a certified inspector.

E. Notification to Participants

Before providing SSVF assistance to a participant, grantees must notify the participant that the assistance will be paid for, in whole or in part, by VA.

To ensure that Veteran families receiving supportive services under the SSVF Program are receiving quality services, the grantee must give a VA-designated satisfaction survey to each participant on two separate occasions – (i) once within 45 to 60 days of the participant's entry into the grantee's program, and (ii) again within 30 days of the participant's pending exit from the grantee's program. Participant satisfaction surveys are provided to grantees by the SSVF Program Office. Grantees are responsible for providing these surveys to participants and explaining that the participants should submit completed surveys directly to VA. In situations where a participant exits the program unexpectedly, grantees should attempt to follow-up with participant to provide a survey. In the event that a grantee requires additional participant surveys, please contact the SSVF Program Office. See **Exhibit B10** for the Participant Satisfaction Survey.

F. Confidentiality

Grantees are required to maintain confidentiality of records kept on participants. Grantees and subcontractors must comply with all applicable federal and local laws to assure the confidentiality and security of participant's physical and electronic records.

Grantees that provide family violence prevention or domestic violence treatment services must establish and implement additional procedures to protect participants by ensuring the confidentiality of:

(1) Records pertaining to any individual provided services, and
(2) The address or location where the services are provided.

Homeless Management Information System (HMIS) protocols include standards for the privacy and security of information entered into the HMIS system. These standards were developed by HUD based on Health Insurance and Portability and Accountability Act (HIPAA) standards for securing and protecting client information. HUD has defined baseline standards that are required of any all organizations (such as a Continuum of Care, homeless assistance provider, Veteran service organization, or HMIS software company) that record, use, or process personal protected information on homeless clients for an HMIS. Some communities have elected to adopt additional laws, protocols or policies to further enhance the privacy and security of information collected through HMIS. Users of HMIS products must comply with the baseline HUD standards and must also comply with any additional federal, state and local laws that require additional confidentiality protections. Grantees are strongly encouraged to enter data into HMIS for all members of the household receiving SSVF services.

G. Releasing Participants from Program

A grantee may establish reasonable requirements unique to their program. These requirements can be included as part of targeting and eligibility screening processes. However, those requirements must be clearly communicated (in writing) to all participants and a copy of the requirements must also be provided to VA. In the event a participant violates a grantee's program requirements, a grantee may stop providing assistance to the participant. Grantees may resume assistance to a participant whose assistance was previously suspended. In terminating assistance to a participant, the grantee must first provide a formal process that recognizes the rights of individuals receiving assistance to due process in the termination decision. This process, at a minimum, must consist of:

(1) Written notice to the participant containing a clear statement of the reasons for termination, and
(2) A review of the decision, in which the participant is given the opportunity to present written or oral objections before a grantee's staff member other than the staff member (or a subordinate of that staff member) who made or approved the termination decision; and
(3) Prompt written notice of the final decision to the participant.

VIII. Fiscal Administration

A. Overview of HHS PMS Disbursement Platform

Supportive services grant funds are disbursed via the Department of Health and Human Services' (HHS) Payment Management System (PMS). PMS is an internet-based system supported by staff from the HHS Division of Payment Management (DPM). Current HHS Payment Financial System account users will use their existing username and password to access the SSVF grant account. Current users will be notified by HHS that the SSVF grant award has been added to the organization's account, but this will not affect the ability to request payments from other accounts.

1. PMS Registration

Each new grantee must be registered in the PMS in order to draw down supportive services grant funds. In order to be registered in the system, a Standard Form 1199A (SF-1199A) and a Primary Contact Information Form must be sent to the SSVF Program Office at:

Supportive Services for Veteran Families Program Office
National Center on Homelessness Among Veterans
4100 Chester Avenue
Suite 201
Philadelphia, PA 19104

SF-1199A: Direct Deposit Sign-Up Form

To Access SF-1199A:
- Visit www.dpm.psc.gov
- Under "Grant Recipient Info", click on "Forms"
- Click on "Grantee Banking Information – SF 1199A"

The SF-1199A is composed of three sections and includes form directions and definitions of terms. Please note that any alterations to the form such as erasures, correction fluid and strike-outs will invalidate the form. Section 1 must be completed by the grantee and consists of payee (grantee) information, including bank account information. Section 2 may be completed by the grantee or by a representative of the grantee's financial institution and should identify the SSVF Program Office, who will review this form before forwarding it to DPM. Section 3 must be completed by a representative of the grantee's financial institution, who will mail the completed form directly to the SSVF Program Office. The form must bear the original signatures in Sections 1 and 3. Photocopies will not be accepted.

If a grantee changes its financial institution, they will need to complete a Direct Deposit Form SF-1199A (http://www.va.gov/HOMELESS/docs/GPD/HHS_DPM_1199a.pdf) and submit to the VA HHS Liaison at anthony.holland@psc.hhs.gov who will make the changes to the organization's HHS Financial Payment System account. Grantees must also inform their SSVF Regional Coordinator of this change.

PMS Access Form

To Access Primary Contact Information Form:
- Visit www.dpm.psc.gov
- Under "Grant Recipient Info", click on "Forms"
- Click on "PMS/FFR User Form"

This form must be completed in its entirety, with responses to **all** entry prompts. Forms that are incomplete will not be processed. This form must be completed and mailed to the SSVF Program Office. If possible, the PMS Access Form should be mailed together with the SF-1199A. *Note: If grantee did not receive a Payee Identification Number (PIN), the grantee should contact the SSVF Program Office to obtain the PIN.*

Finalizing PMS Registration
In order to complete the PMS registration, the SF-1199A and PMS Access forms must be sent to the SSVF Program Office, who will submit the forms to DPM. Once received by DPM, grantee registration takes approximately one to three weeks to finalize. Once registered, the grantee will be sent a temporary password for PMS/Smartlink access via certified mail and can access the system to submit draw down requests, track past draw down transactions, and view the grantee's remaining available funds. Grantees can have up to six (6) user accounts. To add users, please complete the HHS Account Access Form (https://www.dpm.psc.gov/grant_recipient/guides_forms/ffr_user_form. aspx) and send to the VA HHS Liaison at anthony.holland@psc.hhs.gov. The SSVF grant funds are categorized in the HHS Financial Payment System as Type B accounts, which do not require grantees to submit the SF-425.

2. Change of PMS Information

A grantee may not change the direct deposit bank account that is on file or primary contact information previously registered with DPM without a formal request to VA. In order to change the bank account into which supportive services grant funds will be deposited, the new SF-1199A must be submitted to VA along with a cover letter on the grantee organization's letterhead authorizing the change. In order to change the grantee's primary contact information, the grantee must submit a completed PMS Access Form to VA along with a cover letter on the organization's letterhead authorizing the change. If VA approves the change, the SSVF Program Office will forward the grantee's request with an authorization to DPM.

B. Grant Draw Down Process

1. Overview of Disbursement

Grantees may draw down supportive services grant funds prospectively via the internet-based PMS in accordance with any restrictions laid out in the NOFA. Draw down requests are submitted and processed online via the request functions of the PMS platform. Once a draw down request is approved, disbursement is completed by electronic funds transfer to the grantee's bank account the following business day.

To meet obligation for spending of SSVF funds, and ensure effective and efficient grant expenditure, the following targets for quarterly grant draw downs is strongly recommended:

- Q1 - 30%
- Q2 - 60%
- Q3 - 80%
- Q4 - 100%

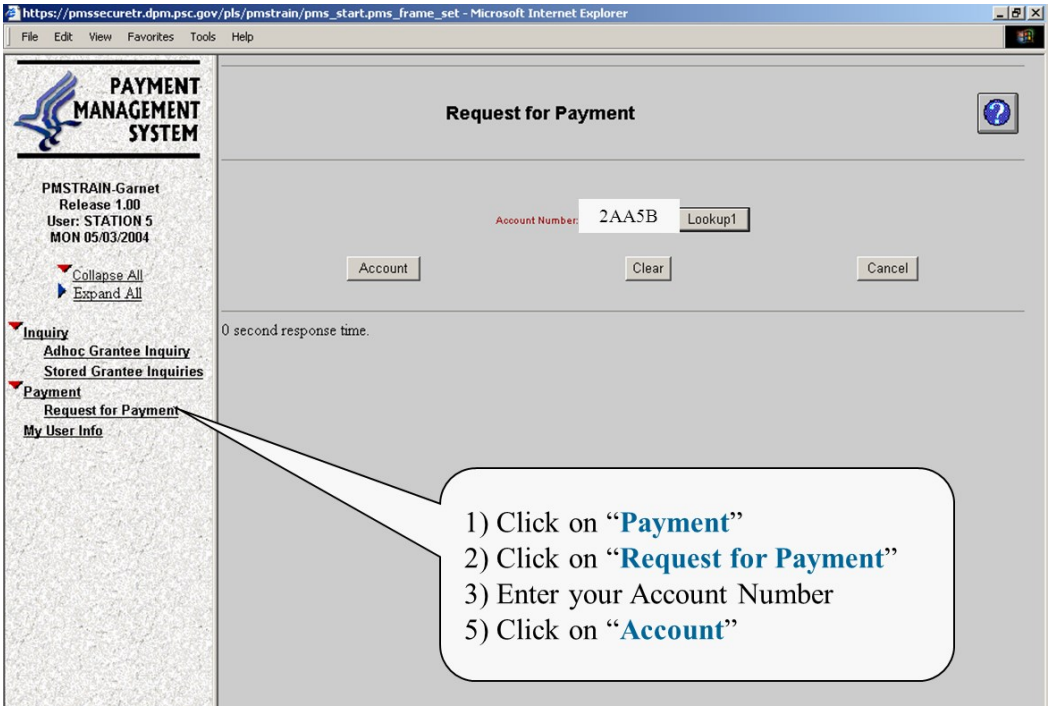
2. Grant Draw Down

To Access Payment Management System's Online Platform:

- Visit www.dpm.psc.gov
- At the top of the page, click on "Payment Management System"
- Under "Service", click on "Payment Management System"
- Enter User Name (established by DPM) and Password (initial password provided by DPM)
- Click on "Click Here for Access to the Payment Management System"

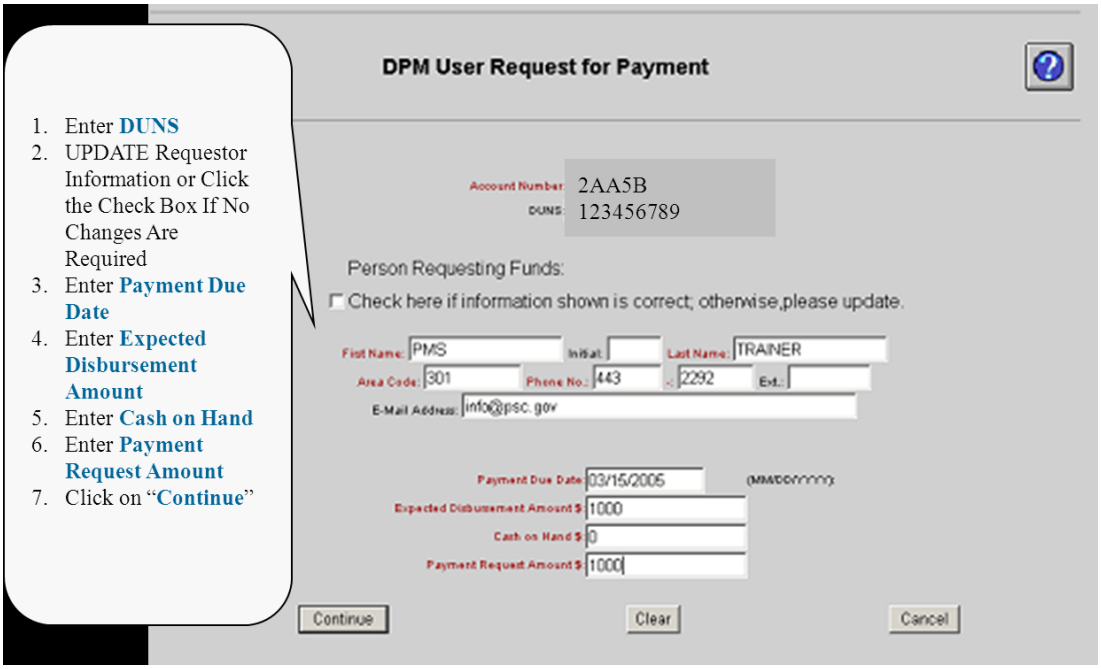
Grantees must access PMS/Smartlink via the DPM website (www.dpm.psc.gov) in order to draw down SSVF Program grant funds. Once logged in to the PMS online platform, you may make a request for payment under the "Payment" tab. The grantee will first locate their SSVF account by entering the assigned account number after the prompt, as shown in the following screenshot.

PMS Screenshot #1 - Account Access



Once the grantee's SSVF account has been entered, the grantee will be able to complete a request for supportive services grant funds. The following image is a screenshot of the "Request for Payment" form.

PMS Screenshot #2 - Request for Payment Form



As shown in the image above, the grantee is required to complete the following information for each drawdown request:

- DUNS
- Updates to Requestor Information [Click checkbox if no changes are required]
- Payment Due Date [list next business day]
- Expected Disbursement Amount [total amount requested]
- Cash on Hand [SSVF Program funds remaining since last draw down]
- Payment Request Amount [total amount requested]

On the next screen, grantees must indicate from which of the three subaccounts the funds should be drawn (more than one account may be selected):

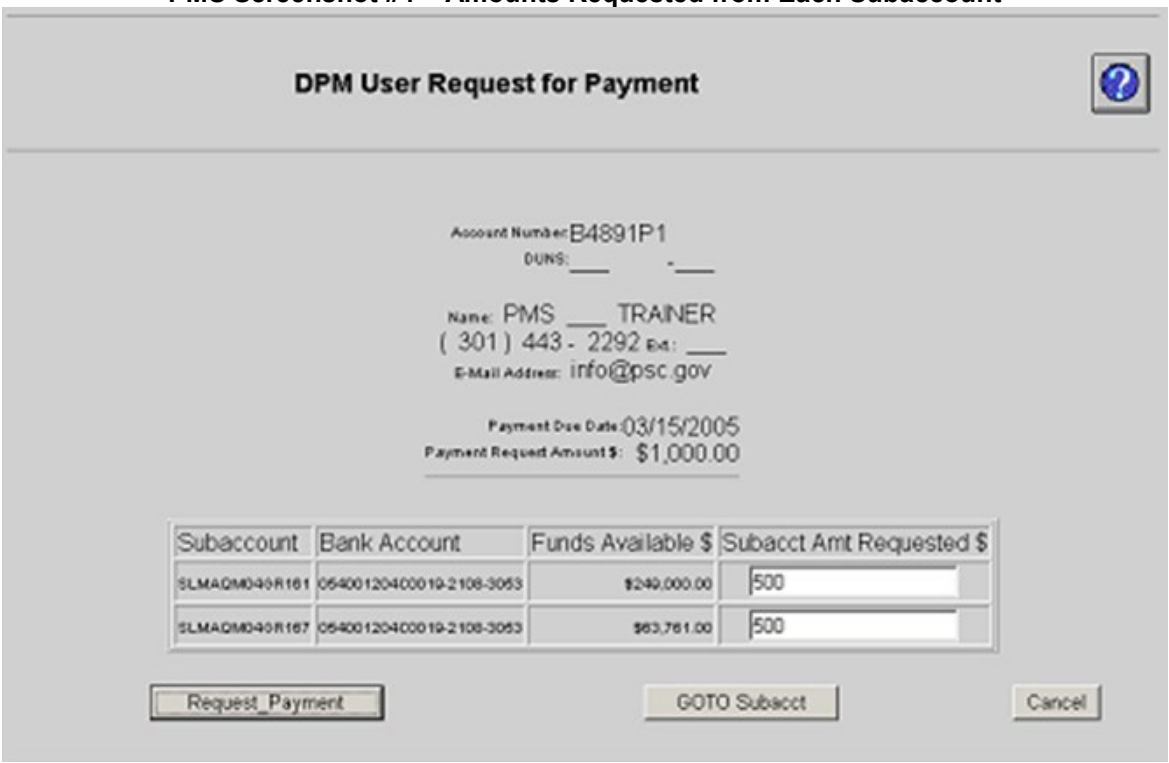
- Administrative Costs
- Supportive Services Costs (Costs associated with provision and coordination of supportive services, excluding temporary financial assistance)
- Temporary Financial Assistance for Category 1 (Prevention)
- Temporary Financial Assistance for Categories 2 and 3 (Rapid Re-Housing)

To determine the total amount of funds in each of these subaccounts, grantees should refer to their approved budgets.

PMS Screenshot #3 – Subaccount Identification

On the following screen, grantees must specify the amount of funds being requested from each subaccount.

PMS Screenshot #4 – Amounts Requested from Each Subaccount



When all of the information has been entered, grantees should click “Request Payment” and a confirmation screen will appear. Once a request has been approved, funds will be disbursed by direct deposit into the grantee’s bank account the following business day.

In order to receive SSVF Program Office approval, the request must meet the following requirements:

- Request amount must not exceed remaining grant funds; and
- Request amount must not exceed agreed-upon quarterly maximum.

If a request for payment is not approved by the SSVF Program Office, the grantee's request will be denied. To make changes to payments or drawdown requests that have been approved, grantees must contact the VA HHS liaison at anthony.holland@psc.hhs.gov to request any reversals to previously approved payments. Any corrections made to the SSVF account will appear on the summary page report.

C. Eligible Expenses and Financial Close-outs

Payment of SSVF grant funds up to the amount specified in the SSVF grant agreement will be made only for appropriately documented eligible expenses that are allowable, allocable, and reasonable costs of operating a program under the Supportive Services grant. Eligible expenses must be in accordance with the applicable Federal Cost Principles set forth in OMB Circular A-122, Cost Principles for Non-Profit Organizations, codified at 2 CFR Part 235. Ineligible expenses are those costs charged by a grantee that VA determines to be unallowable based on applicable Federal cost principles, the SSVF Program regulations or the Supportive Services grant agreement. All SSVF grant funds must be expended by the end of the contract year. Any remaining funds will be returned to the Department of the Treasury. SSVF grantees will have 45 days from the end of the agreement term to finalize programmatic and financial close-outs. Subcontractors are held to the same standards as the SSVF grantee regarding compliance with the Final Rule and OMB circulars. Grantees are responsible for the monitoring and oversight of subcontractors, as well as maintaining appropriate financial and program performance documentation.

The following sections outline expenses that are eligible under the supportive services requirements of the SSVF Program.

1. Administrative Costs (10% Maximum)

Administrative costs include all direct and indirect costs associated with the management of the program, including supplies, phone and internet, photocopies, the administrative costs of subcontractors, etc. Per OMB Circular A-122, direct costs are those that can be identified specifically with a particular final cost objective (i.e., a particular project, service, or other direct activity). Indirect costs are those that have been incurred for a common or joint objective and cannot be readily identified with a particular final cost objective (e.g., depreciation, costs of operating and maintaining a facility, salaries of administration and accounting personnel, etc.). Administrative costs may not exceed 10 percent of the total amount of the supportive services grant. Please see OMB Circular A-122 to determine what costs are and are not allowable direct and indirect costs.

2. Provision and Coordination of Supportive Services (90% Minimum)

a. Outreach

Eligible expenses associated with providing outreach services may include costs such as outreach staff, promotional materials, advertisements, etc.

b. Case Management

Eligible expenses associated with providing case management services such as case manager salaries and other program (non-administrative) staff time. These expenses may include the costs associated with training and supervising case management staff. The time associated with case managers entering participant records into HMIS can also be budgeted in this section.

c. Assistance in Obtaining VA Benefits

Grantees are required to assist participants in obtaining VA benefits such as vocational and rehabilitation counseling, employment and training service, educational assistance and health care services. This supportive service is a component of each participant's ongoing needs assessment and, as it is primarily a referral service, does not involve specific expenses beyond non-administrative staff time for the case manager.

d. Assistance in Obtaining and Coordinating Other Public Benefits

Grantees are required to assist participants to obtain, and coordinate the provision of, public benefits that are being provided by Federal, State, local, or tribal agencies, or any eligible entity in the area or community served by the grantee. Services included in this section are health care services, daily living services, personal financial planning services, transportation services, income support services, fiduciary and representative payee services, legal services, child care services and housing counseling. At a minimum, these services will involve the time of the case manager who provides and coordinates referrals. Professional services are also an eligible expense (e.g., legal services, real estate services). In some cases, grantees may be able to directly provide necessary supportive services; however, it may sometimes be more cost-effective for grantees to provide a referral for participants to obtain a service in the community. Costs involved with administering these services, such as administrative staff time and supplies, are included in the program's administrative costs.

e. Temporary Financial Assistance

A temporary financial assistance payment made on behalf of a program participant must help the participant remain in permanent housing or obtain permanent housing and meet all other requirements set forth in 38 CFR 62.33 and 38 CFR 62.34. Temporary financial assistance must be reasonable and must be provided as part of a plan to address the participant's future ability to pay their own expenses. Outside of such a plan, temporary financial assistance payments are not an eligible use of SSVF Program funds.

Temporary financial assistance payments should augment the grantee's program by supporting the housing stability of participants and should not consume a disproportionate amount of grant funds. Grantees must ensure that temporary financial assistance

payments do not exceed the percentage of total grant funds established in the NOFA. Temporary financial assistance must comply with the limitations set out in 38 CFR 62.33 and 62.34. Eligible temporary financial assistance restrictions and suggested documentation are shown in the table below (further restrictions may be set forth in the NOFA).

Temporary financial assistance **must** be paid directly to a third party on behalf of a participant. Temporary financial assistance **must never** be paid directly to a participant.

Temporary Assistance	Associated Restrictions	Suggested Documentation
Child Care services	▪ Care must be provided by an "eligible child care provider" ▪ Maximum of 4 months during a 12-month period, per household	▪ Copy of invoice for services ▪ Receipt of payment
Transportation services	▪ No restrictions on public transportation assistance ▪ Maximum of $1,000 in car repair/ maintenance in a 3-year period	▪ Copy of bill for services ▪ Receipt of payment
Rental assistance	▪ Eligible for payments currently due or in arrears (*note: payment towards arrears counts towards maximum assistance limitations*) ▪ Maximum of 8 months in a 3-year period ▪ Maximum of 5 months in a 12-month period ▪ Penalties or fees must be reasonable and must directly allow participant to obtain/ remain in permanent housing ▪ Must be in compliance with "rent reasonableness"[5]	▪ Copy of payment demand from landlord/management company, clearly identifying participant and unit ▪ Document indicating participant's portion of rent ▪ Receipt of payment ▪ Signed lease ▪ W9 from landlord required for payment

[5] Rent reasonableness means the total rent charged for a unit must be reasonable in relation to the rents being charged during the same time period for comparable units in the private unassisted market and must not exceed rents charged by the property owner during the same time period. See **Exhibit B11** for a sample rent reasonableness worksheet.

Temporary Assistance	Associated Restrictions	Suggested Documentation
Utility payment assistance	▪ Eligible for payments currently due or in arrears ▪ Maximum of 4 months in a 3-year period ▪ Maximum of 2 months in a 12-month period ▪ Participant, legal representative or a member of the household must have an account in his/her name with a utility company or proof of responsibility to make payments	▪ Copy of utility bill ▪ Proof that participant is responsible for payment ▪ Receipt of payment
Security deposits/ Utility deposits	▪ Maximum of 1 security deposit during a 3-year period ▪ Maximum of 1 utility deposit during a 3-year period ▪ Approved deposits do not count towards maximum assistance limitations	▪ Written statement from landlord/management company or utility company that deposit is required ▪ Signed lease or utility agreement ▪ Optional Habitability standards inspection checklist (if participant has relocated) ▪ Receipt of payment
Moving costs	▪ Maximum of one time assistance during a 3-year period ▪ Short-term storage for a maximum of 3 months or until participant is in permanent housing, whichever is shorter	▪ Copy of receipts for reasonable moving costs ▪ Copy of receipts for short-term storage fees ▪ Receipt of payment
General Housing Stability Assistance	▪ Maximum of $1500 per participant ▪ Maximum of $500 for items that are eligible as Emergency Supplies described below	▪ Copy of bill or invoice for employment related training, etc. ▪ Copy of receipts for allowable expenses
Emergency supplies	▪ May be used to pay for items necessary for a participant's life or safety on a temporary basis ▪ Maximum of $500 in a 3-year period for a participant ▪ Must be paid directly to a third party	▪ Copy of bill or other justification of cost ▪ Receipt of payment
Emergency Housing Assistance	▪ Maximum of 30 days of temporary emergency housing ▪ The cost cannot exceed the reasonable community standard for such housing	▪ Copy of invoice and receipt

Temporary Assistance	Associated Restrictions	Suggested Documentation
	▪ Limited to short-term commercial residences not already funded to provide on-demand emergency shelter (private residences not eligible)	

Payments cannot be made on behalf of the participant for the same period and for the same cost types that are being provided for the same participant through another Federal, State or local subsidy program.

Grantees should maintain records that justify the provision of temporary financial assistance payments (see **Exhibit B13** for a sample temporary financial assistance request form and **Exhibit C1** for a temporary financial assistance document checklist). Such records should include the details and documentation of the payment as well as the participant's housing stability plan. The plan provided must justify the provision of the temporary financial assistance in terms of the urgency of the assistance at the time of payment, as well as the participant's plan to pay the costs for housing in the future.

f. Other Supportive Services

In accordance with grantees' grant agreements or otherwise approved by VA, other supportive services may be provided.

D. Documentation Required

Grantees must use adequate financial management systems that follow generally accepted accounting principles (GAAP) and provide adequate fiscal control and accounting records, including cost accounting records supported by documentation. Grantees' financial management systems must comply with the requirements of 38 CFR 49.21.

E. Ineligible Activities

SSVF grantees are encourage to read OMB Circular A-122, Cost Principles for Non-Profit Organizations. Supportive services grant funds may *not* be used to pay for any of the following items *(Note: this list of ineligible activities is not exhaustive.)*:

- Mortgage costs (including refinancing fees, taxes, or other costs)
- Construction or the cost of housing rehabilitation
- Credit card bills or other consumer debt
- Extensive car repairs for participants (beyond the eligible $1,000 in repairs/ maintenance)
- Car payments for participants
- Relocation transportation expenses such as bus, train or plane tickets
- Medical or dental care and medicines (except as a qualified emergency supply)
- Medical supplies (except as a qualified emergency supply)
- Mental health, substance use, or other therapeutic interventions designed to treat Axis I or II diagnostic conditions in the Diagnostic and Statistical Manual of Mental Disorders (DSM) IV-TR

- Home care and home health aides typically used to provide care in support of daily living activities (Note: This includes care that is focused on treatment for an injury or illness, rehabilitation, or other assistance generally required to assist those with handicaps or other physical limitations.)
- Food, including food provided at staff and other meetings or trainings (except as a qualified emergency supply)
- Pet care, including additional deposit for pet
- Entertainment activities
- Direct cash assistance to program participants
- Purchase of gift cards for program participants
- Court-ordered judgments, fines, fees, or penalties
- Petty cash for program staff
- Gift cards of any kind
- Advertising

Funds may *not* be released directly to the participant. All funds are to be issued to a third party such as a landlord or utility company.

IX. Training, Evaluation, and Monitoring

A. SSVF Program Staff Training and Mentor Program

The SSVF Program Office has developed a Mentor Program, which identifies "Mentor Sites" that have effectively developed interventions that successfully meet VA's goals of preventing and ending homelessness. Mentor Sites work with new grantees to accelerate their skill development and knowledge acquisition of the SSVF Program. This mentoring program should help new grantees adopt promising practices from the very start of their program operations. Mentor Sites will provide experiential, rather than didactic training, as the latter will continue to be offered through VA's technical assistance provider. New grantees are encouraged to have a program manager spend a week at their assigned Mentor Site to observe how that program organizes and delivers SSVF services. It is hoped that by shadowing key Mentor Site SSVF staff, new grantees will be better able to apply formal training and quickly organize effective and productive services upon return to their home agency.

In addition, grantees must attend VA-mandated training sessions. Trainings will be conducted by VA and its technical assistance provider. Information on training, including eligible training expenses, will be emailed to grantees. It is also expected that grantees will provide training for case managers and staff who will provide supportive services to very low-income Veteran families. VA mandated training will be provided at no-cost to grantees.

B. Ensuring Adequate Fiscal and Operational Controls

The HHS Payment Management System systematically manages the disbursement of SSVF Program funds. The HHS Payment Management System provides the SSVF Program Office with electronic financial reports to ensure effective management of program activities, as well as timely and accurate financial reporting. In addition to complying with the HHS Payment Management System requirements, grantees must also comply with VA's Financial Service Center auditing procedures.

VA's Financial Services Center will ensure grant accountability by performing fiscal audits for selected SSVF Program grantees. These audits will include an evaluation of costs to confirm compliance with applicable OMB circulars, the SSVF Program Final Rule and NOFA. The Payment Data Inquiry lists all account transactions for the organization and can be customized by date and specific grant account. The report can be printed and provided to auditors. The Financial Services Center will also provide technical assistance to grantees regarding financial requirements.

X. Reporting Requirements

A. Goals

The reporting requirements in 38 CFR 62.71 have been designed to provide VA with the information required to assess the outcomes associated with grantees' programs. VA anticipates grantees' programs will assist in reducing the number of Veteran families who are homeless or at risk of homelessness.

B. Reporting Process

1. HMIS

Grantees are required to enter data on all participants, with the exception of domestic violence victims, into HMIS. The SSVF Data Collection Guide October 2011 combines data collection summary tables, collection templates, and template instructions into one document to assist grantees and sub recipient with meeting data collection requirements. On a monthly basis grantees will upload client-level SSVF data from the HMIS system in which SSVF Program data are managed to a secure SSVF Data Repository ("Repository") managed by VA. Each upload of SSVF data to the Repository will contain a complete data set reflecting program activity from program inception to the date of export.

The preferred format for the upload of SSVF Program data to the Repository is the HUD HMIS Comma-Separated Value (CSV) Format[6]; a subset of the complete set of CSV files will be required. Each of the fields defined in the HUD HMIS CSV documentation must be present in the uploaded files, although not all of the fields must contain data.

The Repository will also accept data in the HUD HMIS XML Format. Data uploaded in the XML format will be parsed into the CSV format using the publicly available HUD-funded CSV to XML Parser prior to further processing. This process will require the intervention of Repository staff and will delay data validation and final acceptance; for this reason, the XML format is not preferred.

Data exported from HMIS systems should be packaged in a ZIP file prior to upload to the Repository. For detailed specifications, upload operating instructions, data quality standards, and data use and disclosure descriptions, please see the SSVF Program Data

[6] For complete documentation of the current HUD HMIS CSV format, see http://www.hmis.info/Resources/7527/HMIS-Comma-Separated-Value-(CSV)-Format-V.-3.0-(Based-on-March-2010-Data-Standards).aspx.

Upload and Integration Specifications available on the VA homeless website -- www.va.gov/homeless/SSVF.asp. Please see **Exhibit D1** for a list of HMIS data elements.

2. Quarterly Reports

In addition to use of HMIS, grantees are also expected to complete quarterly reports addressing programmatic and financial information. The quarterly reports consist of a series of questions related to grantees' program operations over the course of the quarter – e.g., requests for information concerning significant events that have occurred in the program, major sources of participant referrals, lists of services provided directly and by referral, participant safety issues, best practices, etc. In addition, the quarterly financial report template asks grantees to identify and explain all budget variances, quarterly spending by subcontractor, quarterly draw downs, numbers of participants served, and non-VA funding sources used for SSVF Program activities. Copies of the report template and instructions for completing these reports can be found on the SSVF Program website.

3. Participant Satisfaction Surveys

Pursuant to 38 CFR 62.36(c)(2), grantees must provide each participant with a satisfaction survey which can be submitted by the participant directly to VA, within 45 to 60 days of the participant's entry into the grantee's program and again within 30 days of such participant's pending exit from the grantee's program. Please note grantees should not provide two surveys to a participant upon program entry. Rather, one survey should be provided upon program entry and one survey upon pending program exit. In situations where the grantee is actively assisting a participant in transitioning to another location or program, grantees should provide the participant with a satisfaction survey as close to exit as possible. In situations where a participant exits the program unexpectedly, grantees should attempt a follow-up contact with participant to provide them with the survey.

VA will provide grantees with copies of the satisfaction surveys and return envelopes to be distributed to participants. See **Exhibit B10** for a copy of the survey. Surveys given to participants are to be postage-paid and are returned directly to the SSVF Program Office by the participant. If grantees need additional copies of the participant survey, they should contact the SSVF Program Office at SSVF@va.gov.

C. Process of Program Remediation

It is the responsibility of the grantee to contact their Regional Coordinator with any requests for grant agreement amendments, program changes and/or budget changes.

1. Allegations of Impropriety

Any and all allegations of impropriety by the grantee, VA employees, or participants must be addressed immediately and documented through use of the appropriate VA mechanism (i.e., SSVF Program Office or Office of Inspector General (OIG)).

i. Information about actual or possible violations of criminal laws related to VA programs, operations, facilities, or involving VA employees, where the violation of criminal law occurs on VA premises, will be reported.

ii. Criminal matters involving felonies must be immediately referred to VA.

2. Corrective Actions

In accordance with 38 CFR 62.60(b), if a grantee's actual SSVF grant expenditures vary from the amount disbursed for a given quarter or actual SSVF activities vary from the grantee's program description provided in the grant agreement, VA may require that the grantee initiate, develop and submit to VA for approval a Corrective Action Plan (CAP). Such variances in activities are measured according to targets established in the grant agreement, requirements for the use of temporary financial assistance, and meeting mandated SSVF data reporting requirements. The CAP must identify the expenditure or activity source that caused the deviation, describe the reason(s) for the variance, provide specific proposed corrective action(s), and provide a timetable for accomplishment of the corrective action. After receipt of the CAP, VA will send a letter to the grantee indicating that the CAP is approved or disapproved. If disapproved, VA will make helpful suggestions to improve the proposed CAP and request resubmission, or take other actions in accordance with 38 CFR Part 62.

3. Withholding and Suspension of Funds

In accordance with 38 CFR 62.80, when a grantee fails to comply with the terms, conditions, or standards of the supportive services grant, VA may, with 7 days notice to the grantee, withhold further payment, suspend the SSVF grant, or prohibit the grantee from incurring additional obligations of Supportive Services grant funds, pending corrective action by the grantee or a decision to terminate. VA will allow all necessary and proper costs that the grantee could not reasonably avoid during a period of suspension if such costs meet the provisions of the applicable Federal Cost Principles.

4. Funding Recovery and Appeals Process

VA will recover any SSVF grant funds that are not used in accordance with 38 CFR Part 62. The recovery of funds process, as described in 38 CFR 62.80, is as follows:

i. VA issues a notice of intent to recover Supportive Services grant funds to the grantee. The notice outlines the aspects of the grantee's program that are not in compliance with 38 CFR Part 62 and indicates that VA will recover SSVF grant funds if the grantee cannot provide documentation to VA demonstrating why supportive services grant funds should not be recovered.

ii. The grantee has 30 days upon receipt of the notice to submit documentation to VA demonstrating why supportive services grant should not be recovered.

iii. The SSVF Program Office reviews the response from the grantee for adequacy and may, if necessary, request additional information.

iv. If the response is adequate, VA will not take action to recover funds.

v. If the response is not adequate or it is determined that supportive services grant funds were not used in accordance with 38 CFR Part 62, VA may on 7 days notice to the grantee, withhold further payment, suspend the SSVF grant, or prohibit the grantee from incurring additional obligations of SSVF grant funds, pending corrective action by the grantee or a decision to terminate.

5. Supportive Services Grant Termination

A Supportive Services grant may be terminated in accordance with 38 CFR 62.80 if any of the following three conditions applies:

i. By VA, if a grantee materially fails to comply with the terms and conditions of a SSVF grant award and of 38 CFR Part 62.

ii. By VA with the consent of the grantee, in which case VA and the grantee agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated.

iii. By a grantee upon sending to VA written notification of grant termination, including the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. *(Note: If VA determines that the remaining portion of the SSVF grant will not accomplish the purposes for which the grant was made, VA may terminate the grant in its entirety if any of the other conditions for termination are met.)*

6. Deobligation of Funds

VA may deobligate all or a portion of the amounts approved for use by a grantee if:

i. The activity for which funding was approved is not provided in accordance with the approved application and the requirements of 38 CFR Part 62;

ii. Such amounts have not been expended within a 1 year period from the date of the signing of the supportive services grant agreement; or

iii. Other circumstances set forth in the SSVF grant agreement authorize or require deobligation.

At its discretion, in accordance 38 CFR 62.80, VA may re-advertise in a NOFA the availability of funds that have been deobligated or award deobligated funds to applicants who previously submitted applications in response to the most recently published NOFA.

XI. SSVF Program Resources

The following tables identify online resources that may useful to grantees developing and operating supportive services programs. VA does not take any responsibility for the content contained in these resources. It is up to the reader to determine what is appropriate.

The resources are divided into the following categories *(Note: There is some overlap in resources across categories)*:

A. Program Development
B. Program Operations
    1. Outreach
    2. Case Management
    3. Assistance in Obtaining VA Benefits
    4. Assistance in Obtaining and Coordinating Other Public Benefits

5. Other Supportive Services / Temporary Financial Assistance
C. Sample Forms
D. Miscellaneous

A. Program Development

Organization	Program / Resource	Description	Resource Link
Enterprise Community Partners Resource Database	Supportive Housing Services	Resource provides a general overview of how to administer supportive housing services to the homeless.	http://www.enterprisecommunity.org/programs/supportive_housing/
U.S. Department of Housing and Urban Development (HUD)	Supportive Housing Program	This program is designed to promote the development of supportive housing and services to allow homeless persons to live independently.	http://www.hud.gov/offices/cpd/homeless/programs/shp/
HUD	Emergency Shelter Grant Program	Provides basic shelter and essential services to homeless persons in times of need. Funding assistance from this program can be used to support shelter operations or provide short-term assistance to persons who are at an imminent risk of losing their own homes due to eviction, foreclosure, or utility shutoffs.	http://www.hud.gov/offices/cpd/homeless/programs/esg/
HUD	Homelessness Prevention and Rapid Re-Housing Program (HPRP)	Provides financial assistance and services to either prevent individuals and families from becoming homeless or help those who are experiencing homelessness to be quickly re-housed and stabilized. Funding objectives and eligible activities are comparable to the SSVF Program.	http://www.hudhre.info/HPRP/
National Alliance to End Homelessness	Rapid Re-Housing Program Guide	Provides guidance on development and design of successful Rapid Re-Housing Programs that operate under HPRP.	www.endhomelessness.org/.../2450_file_Rapid_Re_Housing_Guide_July_ 2009.pdf
National Alliance to End Homelessness	Homelessness Prevention Program	A resource guide published by the National Alliance to End Homelessness that helps organizations to develop a homelessness prevention program or improve an existing prevention program.	http://www.endhomelessness.org/content/article/detail/2451
Corporation for Supportive Housing	Supportive Housing Finance Guide	Resource provides a comprehensive overview of different Federal financing sources which can be used to develop supportive housing, operate supportive housing programs, or provide additional supportive services to homeless persons.	http://www.csh.org/index.cfm?fuseaction=Page.viewPage&pageId=330&parentID=10
Interagency Council on Homelessness	Federal Funding Sources	Resource provides a list of federal funding opportunities that relate to reducing homelessness.	http://www.usich.gov/funding_programs/programs/

Organization	Program / Resource	Description	Resource Link
University of Pennsylvania	Article: Evaluating a Community-Based Homelessness Prevention Program: A Geographical Information System Approach	This article discusses the application of the Geographic Information System (GIS), which can assist social service providers assess the extent to which their program was properly implemented in accordance with its principles and goals. The GIS also helps providers identify geographical areas in its region that have unmet service needs.	http://repository.upenn.edu/cgi/viewcontent.cgi?article=1041&context=spp_papers

B. Program Operations

1. Outreach

Organization	Program / Resource	Description	Resource Link
National Alliance to End Homelessness	Homelessness Prevention Program	A resource guide published by the National Alliance to End Homelessness that helps organizations to develop a homelessness prevention program or improve an existing prevention program.	http://www.endhomelessness.org/content/article/detail/2451
U.S. Department of Housing and Urban Development (HUD)	Research Materials – Average Fair Market Rents	Average fair market rents, as published in the Federal Register.	http://www.huduser.org/portal/datasets/fmr.html
HUD	Research Materials – Annual Household Income Calculation	Provides guidance on calculating annual household income.	http://www.hud.gov/offices/cpd/affordablehousing/training/web/calculator/definitions/part5.cfm

2. Case Management

Organization	Program / Resource	Description	Resource Link
U.S. Department of Housing and Urban Development (HUD)	HUD Sponsored Local Homeless Assistance Programs	Identifies local support organizations that administer a range of services including shelter, food, counseling, and job skills programs to homeless persons.	http://portal.hud.gov/portal/page/portal/HUD/topics/homelessness/localassist
HUD	HUD Approved Home Counseling Agencies	List of HUD sponsored home counseling agencies that can provide advice on buying a home, renting, defaults, foreclosures, and credit issues.	http://www.hud.gov/offices/hsg/sfh/hcc/hcs.cfm

Organization	Program / Resource	Description	Resource Link
National Alliance to End Homelessness	Homelessness Prevention Program	A resource guide published by the National Alliance to End Homelessness that helps organizations to develop a homelessness prevention program or improve an existing prevention program.	http://www.endhomelessness.org/content/article/detail/2451
First Step	Case Management Tool	A tool designed to help case managers and outreach workers help clients access Federal benefit programs.	http://www.cms.hhs.gov/apps/firststep/index.html

3. Assistance in Obtaining VA Benefits

Organization	Program / Resource	Description	Resource Link
U.S. Department of Veterans Affairs (VA)	Federal Benefits for Veterans, Dependents & Survivors	Summary of Federal Benefits Available to Veterans, Dependents & Survivors, 2011 Edition.	http://www.va.gov/opa/publications/benefits_book.asp

4. Assistance in Obtaining and Coordinating Other Public Benefits

Organization	Program / Resource	Description	Resource Link
U.S. Department of Housing and Urban Development (HUD)	HUD Sponsored Local Homeless Assistance Programs	Identifies local support organizations that administer a range of services including shelter, food, counseling, and job skills programs to homeless persons.	http://portal.hud.gov/portal/page/portal/HUD/topics/homelessness/localassist
National Alliance to End Homelessness	Homelessness Prevention Program	A resource guide published by the National Alliance to End Homelessness that helps organizations to develop a homelessness prevention program or improve an existing prevention program.	http://www.endhomelessness.org/content/article/detail/2451
U.S. Interagency Council on Homelessness	Inventory of Federal Programs That May Assist Homeless Families and Children	This inventory catalogues Federal programs that may assist homeless families (73 programs operated by 11 federal agencies are highlighted in the inventory).	http://www.commerce.wa.gov/DesktopModules/CTEDPublications/CTEDPublicationsView.aspx?tabID=0&ItemID=6160&MId=870&wversion=Staging
U.S. Interagency Council on Homelessness	Funding Opportunities and Resources	Listing of several Federal funding opportunities and resources available to organizations that aim to prevent homelessness.	http://www.usich.gov/funding_programs/programs/
U.S. Department of Veterans Affairs (VA)	Programs and Initiatives	Summary of Homeless programs and initiatives available to homeless Veterans.	http://www.va.gov/homeless/

5. Other Supportive Services / Temporary Financial Assistance

Organization	Program / Resource	Description	Resource Link
HUD	Homelessness Prevention and Rapid Re-Housing Program (HPRP)	HPRP aims to reduce homelessness by providing financial assistance and services to either prevent individuals and families from becoming homeless or help those who are experiencing homelessness to be quickly re-housed and stabilized.	http://www.hudhre.info/HPRP/

C. Sample Forms

Organization	Program / Resource	Description	Resource Link
U.S. Department of Veterans Affairs (VA)	Verifying Veteran Status	A military Veteran may use VA's online military personnel records request system, eVetRecs, to request verification of Veteran status. Grantee may also complete and submit the Standard Form 180 (SF 180) to verify Veteran status. Verification will come in the form of a copy of the Veteran's DD Form 214.	http://www.archives.gov/veterans/
Department of Health and Human Services (HHS)	Payment Management System (PMS) Forms	To be registered in PMS for grant fund draw down, the grantee must have SF 1199A and Primary Contact Information forms on file with HHS.	www.dpm.psc.gov (Under "Grant Recipient Info", click on "Forms")

D. Miscellaneous

Organization	Program / Resource	Description	Resource Link
Corporation for Supportive Housing	Research Materials – Chronic Homelessness and Health Care	Access to supportive housing research that focuses on chronic homelessness and heath care issues.	http://www.csh.org/index.cfm?fuseaction=document.selectSubTopics&parentTopicID=42
U.S Interagency Council on Homelessness	Research Materials	Links to research studies and technical assistance materials produced by the U.S. Interagency Council on Homelessness as well as its member agencies, and national organizations.	http://www.usich.gov/usich_resources/research_and_evaluation/

Organization	Program / Resource	Description	Resource Link
U.S. Department of Housing and Urban Development (HUD)	Research Materials	Publications relating to housing and supportive services for people with special needs and the homeless. Topic areas focus on affordable and fair housing, homeownership, housing finance, community and economic development, supportive services, as well as other related issues.	http://www.huduser.org/portal/taxonomy/term/38
Supportive Housing Network of New York (SHNNY)	Research Materials – Homelessness Factsheet	Links to studies, reports, and publications relating to homelessness and supportive housing.	http://www.shnny.org/research.html
U.S Interagency Council on Homelessness	State Interagency Webpages	Links to State website for the Interagency Council on Homelessness.	http://www.usich.gov/partnerships/state_and_local_governments/
University of Pennsylvania	Article: Evaluating a Community-Based Homelessness Prevention Program: A Geographical Information System Approach	This article discusses the application of the Geographic Information System (GIS), which can assist social service providers assess the extent to which their program was properly implemented in accordance with its principles and goals. The GIS also helps providers identify geographical areas in its region that have unmet service needs.	http://repository.upenn.edu/cgi/viewcontent.cgi?article=1041&context=spp_papers
Interagency Council on the Homelessness	Homelessness: Programs and the People They Serve	Report discusses homeless assistance providers and the characteristics of homeless persons whom they serve. The survey used in this study was designed to provide up-to-date information about the homelessness assistance providers, the characteristics of those people who use these services and how this population has changed in metropolitan areas since 1987.	http://www.huduser.org/portal/publications/homeless/homeless_tech.html

Exhibits Section A: Program Guidance

Exhibit A1: Requirements for the Use of Supportive Services Grant Funds (NOFA, Dec. 1, 2011)

Cost Category	NOFA Language
Administrative Costs	Grantees may use a maximum of 10 percent of supportive services grant funds for administrative costs identified in § 62.70 of the Final Rule.
Rapid Re-Housing Assistance	Grantees must use a minimum of 60 percent of supportive services grant funds to serve very low-income veteran families who either (i) are homeless and scheduled to become residents of permanent housing within 90 days pending the location or development of housing suitable for permanent housing, as described in § 62.11(a)(2) of the Final Rule, or (ii) have exited permanent housing within the previous 90 days to seek other housing that is responsive to their needs and preferences, as described in § 62.11(a)(3) of the Final Rule.
Temporary Financial Assistance	Grantees may utilize a maximum of 30 percent of supportive services grant funds to provide the supportive service of temporary financial assistance paid directly to a third party on behalf of a participant for child care, transportation, rental assistance, utility fee payment assistance, security deposits, utility deposits, moving costs, emergency housing assistance, and general housing stability assistance, including emergency supplies in accordance with §§ 62.33 and 62.34 of the Final Rule.

Exhibit A2: Income Inclusion and Exclusion Tables

Income Inclusions

This table presents SSVF income inclusions and can be found in Exhibit 5-2 of HUD's Housing Choice Voucher Program Guidebook. The following types of income must be counted when calculating annual income for purposes of determining SSVF eligibility:

General Category	Description
1. Earned Income	The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services
2. Self Employment/Business Income	The net income from operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight line depreciation, as provided in Internal Revenue Service regulations. Any withdrawal of cash or assets from the operation of a business or profession will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested in the operation by the family
3. Interest & Dividend Income	Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness shall not be used as a deduction in determining net income. An allowance for depreciation is permitted only as authorized in paragraph (2) of this section. Any withdrawal of cash or assets from an investment will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the family. Where the family has net family assets in excess of $5,000, annual income shall include the greater of the actual income derived from net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD.
4. Pension/Retirement Income	The full amount of periodic payments received from social security, annuities, insurance policies, retirement funds, pensions, lotteries, disability or death benefits, and other similar types of periodic receipts, including a lump-sum payment for the delayed start of a periodic payment (but see No. 13 under Income Exclusions) (e.g. SSDI)
5. Unemployment & Disability Income	Payments in lieu of earnings, such as unemployment, worker's compensation, and severance pay (but see No. 3 under Income Exclusions)

General Category	Description
6. TANF/Public Assistance	a. TANF/Public assistance received by the household. b. The amount of reduced TANF/Public assistance income that is disregarded specifically because the family engaged in fraud or failed to comply with an economic self-sufficiency or work activities requirement. c. If the TANF/Public assistance payment includes an amount specifically designated for shelter and utilities that is subject to adjustments by the TANF/Public assistance agency in accordance with the actual cost of shelter and utilities, the amount of TANF/Public assistance income to be included as income shall consist of: (i) The amount of the allowance or grant exclusive of the amount specifically designated for shelter or utilities; plus (ii) The maximum amount that the TANF/Public assistance agency could in fact allow the family for shelter and utilities. If the family's TANF/Public assistance is ratably reduced from the standard of need by applying a percentage, the amount calculated under this paragraph shall be the amount resulting from one application of the percentage; (e.g., TANF, AFCD, SSI, and general assistance available through state welfare programs)
7. Alimony and Child Support Income	Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from persons not residing in the dwelling.
8. Armed Forces Income	All regular pay, special pay, and allowances of a member of the Armed Forces (whether or not living in the dwelling) who is head of the family, spouse, or other person whose dependents are residing in the unit (but see paragraph (7) under Income Exclusions).
9. G.I. Bill Housing Stipend	The monthly housing stipend received by a Veteran from VA while they are attending school under the G.I. Bill.

Income Exclusions

This table presents SSVF income exclusions and can be found in Exhibit 5-2 of HUD's Housing Choice Voucher Program Guidebook.. The following types of income are not counted when calculating annual income for purposes of determining SSVF eligibility:

General Category	Description
1. Income of Children	Income from employment of children (including foster children) under the age of 18 years.
2. Income from	Payments received for the care of foster children or foster adults

General Category	Description
Foster Care	(usually individuals with disabilities, unrelated to the tenant family, who are unable to live alone).
3. Inheritance and Insurance Income	Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses (except as provided in number 5 of Income Inclusions).
4. Medical Expense Reimbursements	Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member.
5. Income of Live-in Aides	Income of a live-in aide (as defined in 24 CFR 5.403).
6. Student Financial Aid	The full amount of student financial assistance paid directly to the student or to the educational institution. Note: includes G.I. Bill Student Financial Aid.
7. Armed Forces Hostile Fire Pay	The special pay to a family member serving in the Armed Forces who is exposed to hostile fire.
8. Self-Sufficiency Program Income	a. Amounts received under training programs funded by HUD. b. Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS). c. Amounts received by a participant in other publicly assisted programs that are specifically for, or in reimbursement of, out-of-pocket expenses incurred (special equipment, clothing, transportation, childcare, etc.) and which are made solely to allow participation in a specific program. d. Amounts received under a resident service stipend. A resident service stipend is a modest amount (not to exceed $200 per month) received by a resident for performing a service for the PHA or owner, on a part-time basis, that enhances the quality of life in the development. Such services may include, but are not limited to, fire patrol, hall monitoring, lawn maintenance, resident initiatives coordination, and serving as a member of the PHA's governing board. No resident may receive more than one such stipend during the same period of time. e. Incremental earnings and benefits resulting to any family member from participation in qualifying state or local employment training programs (including training not affiliated with a local government) and training of a family member as resident management staff. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives, and are excluded only for the period during which the family member participates in the employment training program.

General Category	Description
9. Other Non Recurring Income	Temporary, nonrecurring, or sporadic income (including gifts).
10. Reparations	Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era.
11. Income from Full-time Students	Annual earnings in excess of $480 for each full-time student 18 years old or older (excluding the head of household or spouse).
12. Adoption Assistance Payments	Adoption assistance payments in excess of $480 annually per adopted child.
13. Social Security & SSI Income	Deferred periodic amounts from SSI and Social Security benefits that are received in a lump sum amount or in prospective monthly amounts.
14. Income Tax and Property Tax Refunds	Amounts received by the family in the form of refunds or rebates under state or local law for property taxes paid on the dwelling unit.
15. Home Care Assistance	Amounts paid by a state agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep this developmentally disabled family member at home.
16. Other Federal Exclusions	Amounts specifically excluded by any other federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that includes assistance under any program to which the exclusions of 24 CFR 5.609(c) apply, including: ▪ The value of the allotment made under the Food Stamp Act of 1977; ▪ Payments received under the Domestic Volunteer Service Act of 1973 (employment through VISTA, Retired Senior Volunteer Program, Foster Grandparents Program, youthful offender incarceration alternatives, senior companions); ▪ Payments received under the Alaskan Native Claims Settlement Act; ▪ Income derived from the disposition of funds to the Grand River Band of Ottawa Indians; ▪ Income derived from certain submarginal land of the United States that is held in trust for certain Indian tribes; ▪ Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program; ▪ Payments received under the Maine Indian Claims Settlement Act of

General Category	Description
	1980 (25 U.S.C. 1721); ▪ The first $2,000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the U.S. Claims Court and the interests of individual Indians in trust or restricted lands, including the first $2,000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands; ▪ Amounts of scholarships funded under Title IV of the Higher Education Act of 1965, including awards under the Federal workstudy program or under the Bureau of Indian Affairs student assistance programs; ▪ Payments received from programs funded under Title V of the Older Americans Act of 1985 (Green Thumb, Senior Aides, Older American Community Service Employment Program); ▪ Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In Re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y.); ▪ Earned income tax credit refund payments received on or after January 1, 1991, including advanced earned income credit payments; ▪ The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990; ▪ Payments received under programs funded in whole or in part under the Job Training Partnership Act (employment and training programs for Native Americans and migrant and seasonal farm workers, Job Corps, state job training programs and career intern programs, AmeriCorps); ▪ Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation; ▪ Allowances, earnings, and payments to AmeriCorps participants under the National and Community Service Act of 1990; ▪ Any allowance paid under the provisions of 38 U.S.C. 1805 to a child suffering from spina bifida who is the child of a Vietnam Veteran; ▪ Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of a crime against the participant under the Victims of Crime Act; and ▪ Allowances, earnings, and payments to individuals participating in programs under the Workforce Investment Act of 1998.

Exhibit A3: Documentation Standards

Standards and procedures for documenting eligibility related to housing status are further detailed in the tables on the following pages. Documentation requirements are organized according to the following:

1. **Income Documentation Standards**
2. **Housing Options / Resources Eligibility Documentation (for all participants)**
3. **Occupying Permanent Housing Category 1 Documentation**
4. **Occupying Permanent Housing Category 2 Documentation**
5. **Occupying Permanent Housing Category 3 Documentation**

1. Income Documentation Standards

Standards and procedures for documenting eligibility related to income are further detailed in the tables on the following pages. While VA has established standards for various types of income, VA recognizes that in some instances only participant self-declaration may be possible. This method should be used only as a *last resort* when all other verification methods are not possible or reasonable. When using participant self-declaration, grantees should document why a higher verification standard was not used. Be sure to include this in the case file.

Type of Income	Include in Income Calculation?	Acceptable Types of Documentation	Documentation Standards
Wages and Salary, etc.	Yes	Copy of most recent paystub(s)	▪ Obtain copy(ies) of most recent pay stub(s) from participant. ▪ Include copy(ies) in participant file.
		OR	
		Written verification of income. See sample SSVF Verification of Income template in **Exhibit B6**.	▪ Mail, fax or email written verification of income request directly to the employer(s). ▪ Obtain signed and dated verification of income from employer(s). At a minimum, written verification should include the following: o Name of employer and participant name o Pay amount and frequency o Average hours worked per week o Amount of any additional compensation o Contact information for authorized employer representative o Signed and dated by authorized employer representative ▪ Include verification of income in participant file.
		OR *(if written third party documentation cannot be obtained)*	
		Oral verification of income. See sample SSVF Verification of Income template in **Exhibit B6**.	▪ Contact the employer(s) by phone or in person to obtain oral verification of income. ▪ Document oral verification of income. At a minimum, oral verification should include the following: o Name of employer and participant name o Date of hire o Pay amount and frequency o Average hours worked per week o Amount of any additional compensation o Contact information for authorized employer representative o Signed and dated by SSVF staff who obtained oral verification ▪ Include SSVF Verification of Income in participant file.
		OR *(if written documentation or oral third party verification cannot be obtained)*	
		Self-declaration of income. See sample SSVF Self-	▪ Obtain signed and dated original self-declaration of income from participant. At a minimum, self-declaration should include the following:

Type of Income	Include in Income Calculation?	Acceptable Types of Documentation	Documentation Standards
		Declaration of Income template in **Exhibit B2**.	○ Source of income ○ Income amount and frequency ○ Signed and dated by SSVF participant ▪ Grantee should document attempt to obtain third party verification (written or oral) and sign self-declaration of income. ▪ Include self-declaration of income in participant file.
Self-Employment / Business income[7]	Yes	Copy of most recent federal or state tax return showing net business income	▪ Obtain copy of most recent federal or state tax return from the participant. ▪ Include copy in participant file.
		OR *(if written documentation cannot be obtained)*	
		Self-declaration of income. See sample SSVF Self-Declaration of Income template in **Exhibit B2**.	▪ Obtain signed and dated original self-declaration of income from participant. At a minimum, self-declaration should include the following: ○ Source of income ○ Income amount and frequency ○ Signed and dated by SSVF participant ▪ Grantee should document attempt to obtain third party verification (written or oral) and sign self-declaration of income. ▪ Include self-declaration of income in participant file.
Interest and Dividend Income	Yes	Copy of most recent interest or dividend income statement	▪ Obtain copy(ies) of most recent interest or dividend income statement from participant. ▪ Include copy(ies) in participant file.
		OR	
		Copy of most recent federal or state tax return showing interest, dividend or other net income	▪ Obtain copy of most recent federal or state tax return from the participant. ▪ Include copy in participant file.
		OR *(if written documentation cannot be obtained)*	

[7] It can be a challenge for Grantees to obtain 3rd party verification of self-employment income. When 3rd party verification is not available, the Grantee should always request a notarized tenant declaration that includes a perjury statement.

Type of Income	Include in Income Calculation?	Acceptable Types of Documentation	Documentation Standards
		Self-declaration of income. See sample SSVF Self-Declaration of Income template in **Exhibit B2**.	▪ Obtain signed and dated original self-declaration of income from participant. At a minimum, self-declaration should include the following: o Source of income o Income amount and frequency o Signed and dated by SSVF participant ▪ Grantee should document attempt to obtain third party verification (written or oral) and sign self-declaration of income. ▪ Include self-declaration of income in participant file.
Pension/ Retire-ment Income	Yes	Copy of most recent payment statement or benefit notice from Social Security Administration (SSA), pension provider, or other source	▪ Obtain copy(ies) of most recent benefit notice, pension statement or other payment statement from participant. ▪ Include copy(ies) in participant file.
		OR *(if written documentation cannot be obtained)*	
		Written verification of income. See sample SSVF Verification of Income template in **Exhibit B6**.	▪ Mail, fax or email verification of income request directly to the Social Security Administration, pension provider or other source. ▪ Obtain signed and dated verification of income from income source. At a minimum, written verification should include the following: o Name of income source o Income amount and frequency o Contact information for authorized income source representative o Signed and dated by authorized income source representative ▪ Include SSVF Verification of Income in participant file.
		OR *(if written third party documentation cannot be obtained)*	
		Oral verification of income. See sample SSVF Verification of Income template in **Exhibit B6**.	▪ Contact the source(s) by phone or in person to obtain oral verification of income. ▪ Document oral verification of income. At a minimum, oral verification should include the following: o Name of income source o Income amount and frequency o Contact information for authorized income source representative o Signed and dated by SSVF staff who obtained oral verification ▪ Include SSVF Verification of Income in participant file.

Type of Income	Include in Income Calculation?	Acceptable Types of Documentation	Documentation Standards
		OR *(if written documentation or oral third party verification cannot be obtained)*	
		Self-declaration of income. See sample SSVF Self-Declaration of Income template in **Exhibit B2**.	▪ Obtain signed and dated original self-declaration of income from participant. At a minimum, self-declaration should include the following: o Source of income o Income amount and frequency o Signed and dated by SSVF participant ▪ Grantee should document attempt to obtain third party verification (written or oral) and sign self-declaration of income. ▪ Include self-declaration of income in participant file.
Unem-ployment and Disability Income	Yes	Copy of most recent unemployment, worker's compensation, SSI, SSDI, or severance payment statement or benefit notice	▪ Obtain copy(ies) of most recent payment statement(s) and/or benefit notice(s) from participant. ▪ Include copy(ies) in participant file.
		OR	
		Written verification of income. See sample SSVF Verification of Income template in **Exhibit B6**.	▪ Mail, fax or email verification of income request directly to the unemployment administrator, worker's compensation administrator, or former employer. ▪ Obtain signed and dated verification of income from income source. At a minimum, written verification should include the following: o Name of income source, and participant name o Income amount and frequency o Contact information for authorized income source representative o Signed and dated by authorized income source representative ▪ Include verification of income in participant file.
		OR *(if written third party documentation cannot be obtained)*	
		Oral verification of income. See sample SSVF Verification of Income template in **Exhibit B6**.	▪ Contact the source(s) by phone or in person to obtain oral verification of income. ▪ Document oral verification of income. At a minimum, oral verification should include the following: o Name of income source, and participant name o Income amount and frequency o Contact information for authorized income source representative o Signed and dated by SSVF staff who obtained oral verification ▪ Include SSVF Verification of Income in participant file.

Type of Income	Include in Income Calculation?	Acceptable Types of Documentation	Documentation Standards
		OR *(if written documentation or oral third party verification cannot be obtained)*	
		Self-declaration of income. See sample SSVF Self-Declaration of Income template in **Exhibit B2**.	▪ Obtain signed and dated original self-declaration of income from participant. At a minimum, self-declaration should include the following: o Source of income o Income amount and frequency o Signed and dated by SSVF participant ▪ Grantee should document attempt to obtain third party verification (written or oral) and sign self-declaration of income. ▪ Include self-declaration of income in participant file.
TANF/ Public Assist-ance	Yes	Copy of most recent welfare payment statement or benefit notice	▪ Obtain copy(ies) of most recent benefit notice(s) or payment statement(s) from participant. ▪ Include copy(ies) in participant file.
		OR	
		Written verification of income. See sample SSVF Verification of Income template in **Exhibit B6**.	▪ Mail, fax or email verification of income request directly to the welfare administrator. ▪ Obtain signed and dated verification of income from income source. At a minimum, written verification should include the following: o Name of income source, and participant name o Income amount and frequency o Contact information for authorized income source representative o Signed and dated by authorized income source representative ▪ Include verification of income in participant file.
		OR *(if written third party documentation cannot be obtained)*	
		Oral verification of income. See sample SSVF Verification of Income template in **Exhibit B6**.	▪ Contact the source(s) by phone or in person to obtain oral verification of income. ▪ Document oral verification of income. At a minimum, oral verification should include the following: o Name of income source, and participant name o Income amount and frequency o Contact information for authorized income source representative o Signed and dated by SSVF staff who obtained oral verification ▪ Include SSVF Verification of Income in participant file.
		OR *(if written documentation or oral third party verification cannot be obtained)*	

Type of Income	Include in Income Calculation?	Acceptable Types of Documentation	Documentation Standards
		Self-declaration of income. See sample SSVF Self-Declaration of Income template in **Exhibit B2**.	▪ Obtain signed and dated original self-declaration of income from participant. At a minimum, self-declaration should include the following: o Source of income o Income amount and frequency o Signed and dated by SSVF participant ▪ Grantee should document attempt to obtain third party verification (written or oral) and sign self-declaration of income. ▪ Include self-declaration of income in participant file.
Alimony, Child Support Payments	**Yes**	Copy of most recent alimony and/or child support or other contributions or gift payment statements, notice, or order	▪ Obtain copy(ies) of most recent payment statement(s), notice(s) or order (e.g. court ordered child support) from participant. ▪ Include copy(ies) in participant file.
		OR	
		Written verification of income. See sample SSVF Verification of Income template in **Exhibit B6**.	▪ Mail, fax or email verification of income request directly to the child support enforcement agency, court liaison, or other source. ▪ Obtain signed and dated verification of income from income source. At a minimum, written verification should include the following: o Name of income source, and participant name o Income amount and frequency o Contact information for authorized income source representative o Signed and dated by authorized income source representative ▪ Include SSVF Verification of Income in participant file.
		OR *(if written third party documentation cannot be obtained)*	
		Oral verification of income. See sample SSVF Verification of Income template in **Exhibit B6**.	▪ Contact the source(s) by phone or in person to obtain oral verification of income. ▪ Document oral verification of income. At a minimum, oral verification should include the following: o Name of income source, and participant name o Income amount and frequency o Contact information for authorized income source representative o Signed and dated by SSVF staff who obtained oral verification ▪ Include SSVF Verification of Income in participant file.

Type of Income	Include in Income Calculation?	Acceptable Types of Documentation	Documentation Standards
		OR *(if written documentation or oral third party verification cannot be obtained)*	
		Self-declaration of income. See sample SSVF Self-Declaration of Income template in **Exhibit B2**.	▪ Obtain signed and dated original self-declaration of income from participant. At a minimum, self-declaration should include the following: o Source of income o Income amount and frequency o Signed and dated by SSVF participant ▪ Grantee should document attempt to obtain third party verification (written or oral) and sign self-declaration of income. ▪ Include self-declaration of income in participant file.
Armed Forces Income	**Yes**	Copy of pay stubs, payment statement, or other government issued statement indicating income amount	▪ Obtain copy(ies) of most recent payment stub(s), statement(s), or other government issued statement from participant. ▪ Include copy(ies) in participant file.
		OR	
		Written verification of income. See sample SSVF Verification of Income template in **Exhibit B6**.	▪ Mail, fax or email verification of income request directly to the appropriate armed services representative. ▪ Obtain signed and dated verification of income from income source. At a minimum, written verification should include the following: o Name of income source, and participant name o Income amount and frequency o Contact information for authorized income source representative o Signed and dated by authorized income source representative ▪ Include SSVF Verification of Income in participant file.
		OR *(if written third party documentation cannot be obtained)*	
		Oral verification of income. See sample SSVF Verification of Income template in **Exhibit B6**.	▪ Contact the source(s) by phone or in person to obtain oral verification of income. ▪ Document oral verification of income. At a minimum, oral verification should include the following: o Name of income source, and participant name o Income amount and frequency o Contact information for authorized income source representative o Signed and dated by SSVF staff who obtained oral verification ▪ Include SSVF Verification of Income in participant file.

Type of Income	Include in Income Calculation?	Acceptable Types of Documentation	Documentation Standards
		OR *(if written documentation or oral third party verification cannot be obtained)*	
		Self-declaration of income. See sample SSVF Self-Declaration of Income template in **Exhibit B2**.	▪ Obtain signed and dated original self-declaration of income from participant. At a minimum, self-declaration should include the following: ○ Source of income ○ Income amount and frequency ○ Signed and dated by SSVF participant ▪ Grantee should document attempt to obtain third party verification (written or oral) and sign self-declaration of income. ▪ Include self-declaration of income in participant file.
No Income Reported	**N/A**	Self-declaration of income. See sample SSVF Self-Declaration of Income template in **Exhibit B2**.	▪ Obtain signed and dated original self-declaration of income from participant. At a minimum, self-declaration should include the following: ○ Statement indicating "no current income" ○ Signed and dated by SSVF participant ▪ Grantee should document attempt to obtain third party verification (written or oral) and sign self-declaration of income. ▪ Include self-declaration of income in participant file.

2. Housing Options/Resources Eligibility Documentation

Note: Grantees are encouraged to assess and document other housing options and resources for all SSVF participants.

Housing Options and Resources	Acceptable Types of Documentation	Documentation Standards
Other Subsequent Housing Options	Assessment form or other documentation (e.g. case notes) of housing options by SSVF case manager or other authorized SSVF staff	▪ Assess with participant all other appropriate (i.e., safe, affordable, available) subsequent housing options. ▪ Verify that no other appropriate subsequent housing options are available. ▪ *Assessment Form or Other Documentation Should* ○ Be documented by SSVF case manager or other authorized staff. ○ Include assessment summary or other statement indicating that participant has no other appropriate housing options. ○ Be signed and dated by SSVF case manager or other authorized SSVF staff. ▪ Include assessment indicating no other subsequent housing options in participant case file.
Financial Resources and Support Networks	Assessment form or other documentation (e.g. case notes) of financial	▪ Assess with participant all financial resources AND support networks (i.e., friends, family or other personal sources of financial or material support) ▪ Verify that participant lacks financial resources and support networks to obtain other

Housing Options and Resources	Acceptable Types of Documentation	Documentation Standards
	resources and support networks by SSVF case manager or other authorized SSVF staff.	appropriate subsequent housing or remain in their housing. ▪ *Assessment Form or Other Documentation Should* ○ Be documented by SSVF case manager or other authorized staff. ○ Include review of current account balances in checking and savings accounts held by participant household. ○ Include assessment summary or other statement indicating that participant lacks financial resources and support networks to obtain other appropriate subsequent housing or remain in their housing. ○ Be signed and dated by SSVF case manager or other authorized SSVF staff ▪ Include assessment indicating insufficient financial resources and support networks in participant case file.

3. Occupying Permanent Housing Category 1 Eligibility Documentation

Living Situation	Acceptable Types of Documentation *(in order of preference)*	Documentation Standards
Rented by Participant *Potential loss of housing due to* ***non-payment of rent***	Copy of written lease Oral lease (if all that exists) *only* to verify housing status	▪ Lease should identify the payee, the SSVF participant as tenant, the terms of the agreement (dates of tenancy, monthly amount due, etc.), and be current, signed by both parties and dated. ▪ Documentation of SSVF staff conversation with current landlord if all that exists at time is an oral lease. Please see note below regarding on-going financial assistance. Note that a written lease is required for on-going financial assistance. If a written lease does not exist, one should be executed before on-going financial assistance can be provided. Self-declaration and third party verification of a pre-existing oral agreement cannot be used as a substitute when providing on-going financial assistance. ▪ Include any documentation related to non-payment of rent in participant file. ▪
Rented by Participant *Potential loss of housing due to* ***utility non-payment***	Copy of utility shut-off notice from utility company. If no shut-off notice is available, other evidence of housing being unfit for habitation due to utility shut-off	▪ Obtain copy of utility shut-off notice AND copy of lease. If no utility shut-off available then third party provider assessment or SSVF staff assessment that housing is unfit for habitation due to utility shut-off ▪ *Lease Should:* ○ Identify the payee, the SSVF participant as tenant, the terms of the agreement (dates of tenancy, monthly amount due, etc), and be current, signed by both parties and dated. ○ Indicate that utility at-risk of shut-off is tenant responsibility.

Living Situation	Acceptable Types of Documentation *(in order of preference)*	Documentation Standards
	AND If renting: copy of written lease indicating that tenant is responsible for utility at-risk of shut-off. If an oral lease is all that exists then oral verification of tenant's responsibility for utilities. (*Please note documentation standard for on-going financial assistance*)	Note that a written lease is required for on-going financial assistance. If a written lease does not exist, one should be executed before on-going financial assistance can be provided. Self-declaration and third party verification of a pre-existing oral agreement cannot be used as a substitute when providing on-going financial assistance. ▪ *Shut-Off Notice Should:* ○ Identify the SSVF participant and unit where SSVF participant is the leaseholder ○ Indicate that utility shut off/disconnection will be shut-off if payment not received ○ Be signed and dated by utility company representative and/or include utility company contact information ▪ *Include* utility shut-off notice and copy of lease in participant file.
Rented by Participant OR **Other Housing Occupied by Participant without Paying Rent (including housing shared with friends or family)** *Potential loss of housing due to* ***foreclosure on rental property***	Copy of notice indicating building in which participant is renting or otherwise residing is being foreclosed on AND Copy of written lease Oral lease (if all that exists) *only* to verify housing status OR Copy of written lease between the owner and host family/friend	▪ Obtain copy of foreclosure notice (may include notice from landlord/property manager, court, published in local newspaper or other print or on-line public record documentation) AND copy of lease. ▪ *Lease Should:* ○ Identify the payee, SSVF participant (or host family/friend) as tenant, the terms of the agreement (dates of tenancy, monthly amount due, etc), and be current, signed by both parties and dated. ▪ If oral lease, documentation of SSVF staff conversation with current landlord if all that exists at time is an oral lease. Please note written lease required for on-going financial assistance. ○ ▪ *Foreclosure Notice Should:* ○ Identify the building or unit where SSVF participant is the leaseholder or is otherwise residing ○ Indicate that housing is being foreclosed on ○ If written notice to participant be signed and dated by the landlord or property manager. ▪ Include notice and copy of lease in participant file.

Living Situation	Acceptable Types of Documentation *(in order of preference)*	Documentation Standards
Other Housing Occupied by Participant without Paying Rent (including housing shared with friends or family) *Potential loss of housing due to* ***housing termination by host family/friend***	Copy of notice that terminates housing, or eviction letter from host family or friend who owns or rents the housing that notifies the participant that they must leave AND Copy of written lease between the owner and host family/friend; oral lease if all that exists *only* for verification of housing status	▪ Obtain copy of notice that terminates housing, or eviction letter (typed or handwritten) AND copy of lease. ▪ *Lease Should:* ○ Identify the payee, the SSVF host family/friend as tenant, the terms of the agreement (dates of tenancy, monthly amount due, etc), and be current, signed by both parties and dated. ○ If oral lease, documentation of SSVF staff conversation with current landlord if all that exists at time is an oral lease. Please note written lease required for on-going financial assistance. ▪ *Eviction Letter Should:* ○ Identify the SSVF participant and unit where SSVF participant is residing ○ Indicate that participant must leave owner's/renter's housing ○ Be signed and dated by the host owner/renter ▪ Include eviction letter and copy of lease in participant file. ▪ Documentation of SSVF staff conversation with current host regarding verbal eviction if all that exists at time is an oral lease. Please note written lease required for on-going financial assistance.
Rented by Participant OR **Other Housing Occupied by Participant without Paying Rent (including housing shared with friends or family)** *Potential loss of housing due to* ***uninhabitable conditions***	Copy of notice from landlord/property manager, public health, code enforcement, fire marshal, child welfare or other government entity that housing is condemned AND Copy of written lease; oral lease if all that exists *only* for verification of housing status	▪ Obtain copy of notice (may include notice published in local newspaper or government jurisdiction's website) AND copy of lease. ▪ *Lease Should:* ○ Identify the payee, the SSVF participant (or host family/friend) as tenant, the terms of the agreement (dates of tenancy, monthly amount due, etc), and be current, signed by both parties and dated. ○ If oral lease, documentation of SSVF staff conversation with current landlord if all that exists at time is an oral lease. Please note written lease required for on-going financial assistance. ▪ *Notice Should:* ○ Identify the building or unit where SSVF participant is the leaseholder or is otherwise residing ○ Indicate that housing is condemned (i.e., unfit for human habitation) ○ If written notice, be signed and dated by the landlord, property manager, public health, code enforcement, fire marshal, child welfare or other government entity. ▪ Include notice and copy of lease in participant file.

Living Situation	Acceptable Types of Documentation *(in order of preference)*	Documentation Standards
Owned by Participant *Potential loss of housing due to* ***non-payment of mortgage and/or foreclosure on owner-occupied property***	Copy of deed or mortgage and if applicable, copy of foreclosure notice from lending institution	▪ Obtain copy of deed or mortgage and if applicable, foreclosure notice. ▪ *Foreclosure Notice Should:* ○ Be on financial institution letterhead ○ Identify the SSVF participant and residence where SSVF participant is the homeowner ○ Indicate that participant must leave their housing ○ Be signed and dated by financial institution ▪ Include documentation in participant file.

4. Occupying Permanent Housing Category 2 Eligibility Documentation

Living Situation	Acceptable Types of Documentation *(in order of preference)*	Documentation Standards
Sleeping in an Emergency Shelter	Written documentation or oral third-party verification that the Veteran family is scheduled to become a resident of permanent housing within 90 days.	▪ Obtain letter from future landlord / housing provider OR SSVF staff certification that housing will be developed or located within 90 days or letter to the file.
	AND	
	HMIS record of shelter stay.	▪ Obtain HMIS record showing shelter stay concurrent with SSVF program entry date. ▪ Include HMIS record in SSVF participant file.
	OR *(if HMIS record cannot be obtained)*	
	Written homeless certification. See **Exhibit B3** for SSVF Homeless Certification template.	▪ Obtain signed and dated original Homeless Certification from shelter provider. A Homeless Certification is a standardized form that, at a minimum, contains the following: ○ Name of the shelter program ○ Include statement verifying Emergency Shelter program is in the local CoC inventory or otherwise recognized by the CoC. ○ Statement verifying current shelter occupancy of SSVF participant ○ Signed and dated by authorized shelter provider representative ▪ Include Homeless Certification in SSVF participant file.

Living Situation	Acceptable Types of Documentation *(in order of preference)*	Documentation Standards
Sleeping in an Emergency Shelter	**OR** *(if HMIS record and SSVF Homeless Certification cannot be obtained)*	
	Emergency shelter provider letter.	▪ Obtain letter from emergency shelter provider. ▪ *Letter Should:* ○ Be on shelter provider letterhead ○ Identify shelter program ○ Include statement verifying current shelter occupancy of SSVF participant, including most recent entry and exit (if applicable) dates. ○ Be signed and dated by shelter provider ▪ Include emergency shelter provider letter in participant file.
	OR *(if SSVF* **Homeless** *Certification or provider letter cannot be obtained)*	
	Self-declaration of homelessness. See **Exhibits B1 and B4** for SSVF Self-Declaration of Housing Status and Homelessness templates.	▪ Obtain signed and dated original self-declaration from participant. ▪ Grantee should document attempt to obtain written third party verification and sign self-declaration forms. ▪ Include self-declarations in participant file.
Place Not Meant for Human Habitation (e.g., cars, parks, abandoned buildings, streets/sidewalks)	Written documentation that the Veteran family is scheduled to become a resident of permanent housing within 90 days.	▪ Obtain letter from future landlord / housing provider OR SSVF staff certification that housing will be developed or located within 90 days or letter to the file.
	AND	
	Written homeless certification. See **Exhibit B3** for SSVF Homeless Certification template.	▪ Obtain signed and dated original Homeless Certification from homeless street outreach provider (may include other third-party referral source, such as a local law enforcement agency). A Homeless Certification is a standardized form that, at a minimum, contains the following: ○ Name of the outreach program ○ Statement verifying current living situation of SSVF participant ○ Signed and dated by authorized outreach provider representative ▪ Include Homeless Certification in SSVF participant file.
	OR *(if SSVF Homeless Certification cannot be obtained)*	

Living Situation	Acceptable Types of Documentation *(in order of preference)*	Documentation Standards
Place Not Meant for Human Habitation (e.g., cars, parks, abandoned buildings, streets/sidewalks)	Homeless street outreach provider or referral source letter.	▪ Obtain letter from homeless street outreach provider or referral source (e.g. local law enforcement agency). The letter may be from the SSVF-funded rapid re-housing provider if the provider also provides outreach to persons on the street as part of engagement and admission activities. ▪ *Letter Should* ○ Be on outreach provider or referral agency letterhead ○ Identify outreach program or referral agency ○ Include statement verifying current homeless status of SSVF participant ○ Be signed and dated by outreach provider or referral agency ▪ Include letter in participant file.
	OR *(if SSVF Homeless Certification or provider letter cannot be obtained)*	
	Self-declaration of homelessness. See **Exhibits B1 and B4** for SSVF Self-Declaration of Housing Status and Homelessness templates.	▪ Obtain signed and dated original self-declaration from participant. ▪ Grantee should document attempt to obtain written third party verification and sign self-declaration forms. ▪ Include self-declarations in participant file.
Hospital or Other Institution	Written documentation that the Veteran family is scheduled to become a resident of permanent housing within 90 days.	▪ Obtain letter from future landlord / housing provider OR SSVF staff certification that housing will be developed or located within 90 days or letter to the file.
	AND	
	Letter from hospital or other institution	▪ Obtain letter from hospital or other institution. ▪ Letter Should: ○ Be on hospital or other institution letterhead ○ Include statement verifying current hospital/institution stay of SSVF participant ○ Include hospital/institution admission and discharge dates verifying that stay has been for 90 days or less ○ Be signed and dated by hospital/institution representative ▪ Include hospital/institution letter in participant file.
	AND *(to verify homeless status prior to hospital or other institution admission)*	

Living Situation	Acceptable Types of Documentation *(in order of preference)*	Documentation Standards
Hospital or Other Institution	HMIS record of shelter stay *(if previously sleeping in emergency shelter).*	▪ Obtain HMIS record showing shelter stay. ▪ HMIS record should indicate shelter stay immediately prior to (i.e. the day before or same day as) hospital/institution admission date. ▪ Include HMIS record in SSVF participant file.
	OR *(if HMIS record cannot be obtained)*	
	Written homeless certification. See **Exhibit B3** for sample SSVF Homeless Certification template *(if previously sleeping in emergency shelter or place not meant for human habitation).*	▪ Obtain signed and dated original Homeless Certification from shelter provider or homeless street outreach provider. ▪ Certification should verify homelessness (residing in shelter or place not meant for human habitation) immediately prior to (i.e. the day before or same day as) hospital/institution admission date. ▪ Include Homeless Certification in SSVF participant file.
	OR *(if HMIS record or SSVF Homeless Certification cannot be obtained)*	
	Emergency shelter provider or homeless street outreach provider letter *(if previously sleeping in emergency shelter or place not meant for human habitation).*	▪ Obtain emergency shelter provider letter. ▪ *Letter Should:* ○ Be on shelter provider letterhead ○ Identify shelter program ○ Include statement verifying shelter stay immediately prior to (i.e. the day before or same day as) hospital/institution admission date. ○ Be signed and dated by shelter provider ▪ *Include* documentation in SSVF participant file.
	OR *(if HMIS record, SSVF Homeless Certification, or provider letter cannot be obtained)*	
	Self-declaration of homelessness. See **Exhibits B1 and B4** for SSVF Self-Declaration of Housing Status and Homelessness templates.	▪ Obtain signed and dated original self-declaration from participant. ▪ Self-declaration should verify homelessness (residing in shelter or place not meant for human habitation) immediately prior to (i.e. the day before or same day as) hospital/institution admission date. ▪ Grantee should document attempt to obtain written third party verification and sign SSVF Self-Declaration forms. ▪ Include self-declarations in participant file.

Living Situation	Acceptable Types of Documentation *(in order of preference)*	Documentation Standards
Transitional Housing	Written documentation that the Veteran family is scheduled to become a resident of permanent housing within 90 days.	▪ Obtain letter from future landlord / housing provider OR SSVF staff certification that housing will be developed or located within 90 days or letter to the file.
	AND	
	Written homeless certification. See **Exhibit B3** for SSVF Homeless Certification template.	▪ Obtain signed and dated original Homeless Certification from transitional housing provider. A Homeless Certification is a standardized form that, at a minimum, contains the following: ○ Name of the transitional housing program ○ Statement verifying current transitional housing occupancy of SSVF participant. ○ Statement indicating the SSVF participant is graduating from or timing out of the transitional housing program ○ Statement verifying the SSVF participant was residing in emergency shelter or place not meant for human habitation immediately prior to transitional housing admission ○ Signed and dated by authorized transitional housing provider representative ▪ Include Homeless Certification in SSVF participant file.
	OR *(if SSVF Homeless Certification cannot be obtained)*	
	Transitional housing provider letter.	▪ Obtain letter from transitional housing provider. ▪ *Letter Should:* ○ Be on transitional housing provider letterhead. ○ Identify transitional housing program. ○ Include statement verifying current transitional housing program is in the local CoC inventory or otherwise recognized by the CoC. ○ Include statement verifying current transitional housing occupancy of SSVF participant. ○ Include statement verifying that SSVF participant is graduating from or timing out of transitional housing program. ○ Include statement verifying SSVF participant was residing in emergency shelter or place not meant for human habitation immediately prior to transitional housing admission. ○ Be signed and dated by transitional housing provider. ▪ Include transitional housing provider letter in participant file.

Living Situation	Acceptable Types of Documentation *(in order of preference)*	Documentation Standards
Transitional Housing	**OR** *(if SSVF Homeless Certification, or provider letter cannot be obtained)*	
	Self-declaration of homelessness. See **Exhibits B1 and B4** for SSVF Self-Declaration of Housing Status and Homelessness templates.	▪ Obtain signed and dated original self-declaration from participant. ▪ Self-declaration should verify homelessness (residing in shelter or place not meant for human habitation) immediately prior to (i.e. the day before or same day as) transitional housing admission date. ▪ Grantee should document attempt to obtain written third party verification and sign SSVF Self-Declaration forms. ▪ Include self-declaration in participant file.
Domestic Violence	Written documentation that the Veteran family is scheduled to become a resident of permanent housing within 90 days.	▪ Obtain letter from future landlord / housing provider OR SSVF staff certification that housing will be developed or located within 90 days or letter to the file.
	AND	
	Self-declaration of homelessness. See **Exhibits B1** and **B4** for sample SSVF Self-Declaration of Housing Status and Homelessness templates.	▪ Obtain signed and dated original self-declaration from participant. ▪ Grantee should document or attempt to obtain written third party verification and sign self-declaration forms. ▪ Include self-declarations in participant file.

5. Occupying Permanent Housing Category 3 Eligibility Documentation

Living Situation	Acceptable Types of Documentation *(in order of preference)*	Documentation Standards
Sleeping in an Emergency Shelter	Written documentation or oral third party verification of the participant's exit from permanent housing within 90 days.	▪ Obtain letter from prior landlord / housing provider / friend / family member or SSVF staff certification or letter to the file.
	AND	
	HMIS record of shelter stay.	▪ Obtain HMIS record showing shelter stay concurrent with SSVF program entry date. ▪ Include HMIS record in SSVF participant file.
	OR *(if HMIS record cannot be obtained)*	
	Written homeless certification. See **Exhibit B3** for sample SSVF Homeless Certification template	▪ Obtain signed and dated original Homeless Certification from shelter provider. A Homeless Certification is a standardized form that, at a minimum, contains the following: ○ Name of the shelter program ○ Statement verifying current shelter occupancy of SSVF participant ○ Signed and dated by authorized shelter provider representative ▪ Include Homeless Certification in SSVF participant file.
	OR *(if HMIS record and SSVF Homeless Certification cannot be obtained)*	
	Emergency shelter provider letter.	▪ Obtain letter from emergency shelter provider. ▪ *Letter Should:* ○ Be on shelter provider letterhead ○ Identify shelter program ○ Include statement verifying emergency shelter program is in the local CoC inventory or otherwise recognized by the CoC. ○ Include statement verifying current shelter occupancy of SSVF participant, including most recent entry and exit (if applicable) dates. ○ Be signed and dated by shelter provider ▪ Include emergency shelter provider letter in participant file.
	OR ▪ *(if SSVF* **Homeless** *Certification or provider letter cannot be obtained)*	

Living Situation	Acceptable Types of Documentation *(in order of preference)*	Documentation Standards
	Self-declaration of homelessness. See **Exhibits B1** and **B4** for sample SSVF Self-Declaration of Housing Status and Homelessness templates.	▪ Obtain signed and dated original self-declaration from participant. ▪ Grantee should document or attempt to obtain written third party verification and sign self-declaration forms. ▪ Include self-declarations in participant file.
Place Not Meant for Human Habitation (e.g., cars, parks, abandoned buildings, streets/sidewalks)	Written documentation of the participant's exit from permanent housing within 90 days.	▪ Obtain letter from previous landlord / housing provider / friend / family member or SSVF staff certification or letter to the file.
	AND	
	Written homeless certification. See **Exhibit B3** for sample SSVF Homeless Certification template	▪ Obtain signed and dated original Homeless Certification from homeless street outreach provider (may include other third-party referral source, such as a local law enforcement agency). A Homeless Certification is a standardized form that, at a minimum, contains the following: ○ Name of the outreach program ○ Statement verifying current living situation of SSVF participant ○ Signed and dated by authorized outreach provider representative ▪ Include Homeless Certification in SSVF participant file.
	OR *(if SSVF Homeless Certification cannot be obtained)*	
	Homeless street outreach provider or referral source letter.	▪ Obtain letter from homeless street outreach provider or referral source (e.g. local law enforcement agency). The letter may be from the SSVF-funded rapid re-housing provider if the provider also provides outreach to persons on the street as part of engagement and admission activities. ▪ *Letter Should* ○ Be on outreach provider or referral agency letterhead ○ Identify outreach program or referral agency ○ Include statement verifying current homeless status of SSVF participant ○ Be signed and dated by outreach provider or referral agency ▪ Include letter in participant file.
	OR *(if SSVF Homeless Certification or provider letter cannot be obtained)*	
	Self-declaration of homelessness. See **Exhibits B1 and B4** for sample SSVF Self-Declaration of Housing Status and Homelessness templates	▪ Obtain signed and dated original self-declaration from participant. ▪ Grantee should document attempt to obtain written third party verification and sign self-declaration forms. ▪ Include self-declarations in participant file.

Living Situation	Acceptable Types of Documentation *(in order of preference)*	Documentation Standards
Hospital or Other Institution	Written documentation of the participant's exit from permanent housing within 90 days.	▪ Obtain letter from previous landlord / housing provider / friend / family member or SSVF staff certification or letter to the file.
	AND	
	Letter from hospital or other institution	▪ Obtain letter from hospital or other institution. ▪ Letter Should: ○ Be on hospital or other institution letterhead ○ Include statement verifying current hospital/institution stay of SSVF participant ○ Include hospital/institution admission and discharge dates verifying that stay has been for 90 days or less ○ Be signed and dated by hospital/institution representative ▪ Include hospital/institution letter in participant file.
	AND *(to verify homeless status prior to hospital or other institution admission)*	
	HMIS record of shelter stay *(if previously sleeping in emergency shelter).*	▪ Obtain HMIS record showing shelter stay concurrent with SSVF program entry date. ▪ HMIS record should indicate shelter stay immediately prior to (i.e. the day before or same day as) hospital/institution admission date. ▪ Include HMIS record in SSVF participant file.
	OR *(if HMIS record cannot be obtained)*	
	Written homeless certification. See **Exhibit B3** for sample SSVF Homeless Certification template *(if previously sleeping in emergency shelter or place not meant for human habitation).*	▪ Obtain signed and dated original Homeless Certification from shelter provider or homeless street outreach provider. ▪ Certification should verify homelessness (residing in shelter or place not meant for human habitation) immediately prior to (i.e. the day before or same day as) hospital/institution admission date. ▪ Include Homeless Certification in SSVF participant file.
	OR *(if HMIS record or SSVF Homeless Certification cannot be obtained)*	
	Emergency shelter provider or homeless street outreach provider letter *(if previously sleeping in emergency shelter or place not meant*	▪ Obtain emergency shelter provider letter. ▪ *Letter Should:* ○ Be on shelter provider letterhead

Living Situation	Acceptable Types of Documentation *(in order of preference)*	Documentation Standards
Hospital or Other Institution	*for human habitation).*	○ Identify shelter program ○ Include statement verifying shelter stay immediately prior to (i.e. the day before or same day as) hospital/institution admission date. ○ Be signed and dated by shelter provider ▪ *Include documentation in SSVF participant file.*
	OR *(if HMIS record, SSVF Homeless Certification, or provider letter cannot be obtained)*	
	Self-declaration of homelessness. See **Exhibits B1 and B4** for sample Self-Declaration of Housing Status and Homelessness templates.	▪ Obtain signed and dated original self-declaration from participant. ▪ Self-declaration should verify homelessness (residing in shelter or place not meant for human habitation) immediately prior to (i.e. the day before or same day as) hospital/institution admission date. ▪ Grantee should document attempt to obtain written third party verification and sign SSVF Self-Declaration of Housing Status forms. ▪ Include self-declarations in participant file.
Transitional Housing	Written documentation of exit from permanent housing within 90 days.	▪ Obtain letter from previous landlord / housing provider / friend / family member or SSVF staff certification or letter to the file.
	AND	
	Written homeless certification. See sample **Exhibit B3** for sample Homeless Certification template.	▪ Obtain signed and dated original Homeless Certification from transitional housing provider. A Homeless Certification is a standardized form that, at a minimum, contains the following: ○ Name of the transitional housing program ○ Statement verifying current transitional housing occupancy of SSVF participant. ○ Statement indicating the SSVF participant is graduating from or timing out of the transitional housing program ○ Statement verifying the SSVF participant was residing in emergency shelter or place not meant for human habitation immediately prior to transitional housing admission ○ Signed and dated by authorized transitional housing provider representative ▪ Include Homeless Certification in SSVF participant file.
	OR *(if SSVF Homeless Certification cannot be obtained)*	
	Transitional housing provider letter.	▪ Obtain letter from transitional housing provider. ▪ *Letter Should:*

Living Situation	Acceptable Types of Documentation *(in order of preference)*	Documentation Standards
Transitional Housing		○ Be on transitional housing provider letterhead. ○ Identify transitional housing program. ○ Include statement verifying current transitional housing program is in the local CoC inventory or otherwise recognized by the CoC. ○ Include statement verifying current transitional housing occupancy of SSVF participant. ○ Include statement verifying that SSVF participant is graduating from or timing out of transitional housing program. ○ Include statement verifying SSVF participant was residing in emergency shelter or place not meant for human habitation immediately prior to transitional housing admission. ○ Be signed and dated by transitional housing provider. ▪ Include transitional housing provider letter in participant file.
	OR *(if SSVF Homeless Certification, or provider letter cannot be obtained)*	
	Self-declaration of homelessness. See **Exhibits B1 and B4** for sample Self-Declaration of Housing Status and Homelessness templates.	▪ Obtain signed and dated original self-declaration from participant. ▪ Self-declaration should verify homelessness (residing in shelter or place not meant for human habitation) immediately prior to (i.e. the day before or same day as) Transitional Housing admission date. ▪ Grantee should document attempt to obtain written third party verification and sign SSVF Self-Declaration of Housing Status forms. ▪ Include self-declarations in participant file.
Domestic Violence	Written documentation of exit from permanent housing within 90 days.	▪ Obtain letter from previous landlord / housing provider / friend / family member or SSVF staff certification or letter to the file.
	AND	
	Self-declaration of homelessness. See **Exhibits B1 and B4** for sample SSVF Self-Declaration of Housing Status and Homelessness templates.	▪ Obtain signed and dated original self-declaration from participant. ▪ Grantee should document attempt to obtain written third party verification and sign self-declaration forms. ▪ Include self-declarations in participant file.
Exited Permanent Housing, Staying in Interim Situation (with family, friends, etc.)	Written documentation of exit from permanent housing within 90 days.	▪ Obtain letter from previous landlord / housing provider / friend / family member or SSVF staff certification or letter to the file.

Exhibits Section B: Forms

Exhibit B1: SSVF Self-Declaration of Housing Status

On the following page is a sample SSVF self-declaration of housing status.

Supportive Services for Veteran Families (SSVF) Program

SELF-DECLARATION OF HOUSING STATUS

SSVF Participant Name: _____

☐ Household without dependent children (complete one form for each adult in the household)
☐ Household with dependent children (complete one form for household)
Number of persons in the household: _____

This is to certify the housing status of the above named individual or household, based on the following and other indicated information and the signed declaration by the applicant.

Check only one:

☐ I [and my children] am/are currently residing in permanent housing.

☐ I [and my children] am/are homeless and scheduled to become a resident of permanent housing within 90 days pending the location or development of housing suitable for permanent housing.

☐ I [and my children] have exited permanent housing within the previous 90 days to seek other housing that is responsive to the my/our needs and preferences.

I certify that the information above and any other information I have provided in applying for SSVF assistance is true, accurate and complete.

SSVF Participant Signature: _____ Date: _____

SSVF Staff Certification
I understand that third-party verification is the preferred method of certifying housing status for an individual who is applying for SSVF assistance. I understand self-declaration is only permitted when I have attempted to but cannot obtain third party verification.

Documentation of attempt made for third-party verification:

_____
_____
_____
_____

SSVF Staff Signature: _____ Date: _____

Exhibit B2: SSVF Self-Declaration of Income Template

On the following page is a sample SSVF self-declaration of income template.

Supportive Services for Veteran Families (SSVF) Program

SELF-DECLARATION OF INCOME

SSVF Participant Name: _____

This is to certify the income status for the above named individual. Income includes but is not limited to:

- The full amount of gross income earned before taxes and deductions.
- The net income earned from the operation of a business, i.e., total revenue minus business operating expenses. This also includes any withdrawals of cash from the business or profession for your personal use.
- Monthly interest and dividend income credited to an applicant's bank account and available for use.
- The monthly payment amount received from Social Security, annuities, retirement funds, pensions, disability and other similar types of periodic payments.
- Any monthly payments in lieu of earnings, such as unemployment, disability compensation, SSI, SSDI, and worker's compensation.
- Monthly income from government agencies excluding amounts designated for shelter, and utilities, WIC, food stamps, and childcare.
- Alimony and child support payments received from organizations or from persons not residing in the dwelling.
- All basic pay, special day and allowances of a member of the Armed Forces excluding special pay for exposure to hostile fire.

Check only one box and complete only that section.

☐ I certify, under penalty of perjury, that I currently receive the following income:

Source: _____ Amount: _____ Frequency: _____
Source: _____ Amount: _____ Frequency: _____
Source: _____ Amount: _____ Frequency: _____

SSVF Participant Signature: _____ Date: _____

☐ I certify, under penalty of perjury, that I do not have any income from any source at this time.

SSVF Participant Signature: _____ Date: _____

SSVF Staff Verification

I understand that third-party verification is the preferred method of certifying income for SSVF assistance. I understand self declaration is only permitted when I have attempted to but cannot obtain third party verification.

Documentation of attempt made for third-party verification:

_____
_____
_____

SSVF Staff Signature: _____ Date: _____

Exhibit B3: SSVF Homeless Certification Template

On the following page is a sample SSVF homeless certification template.

Supportive Services for Veteran Families (SSVF) Program

HOMELESS CERTIFICATION

(Note: this form is used only for Rapid Re-housing i.e. SSVF categories 2 and 3)

SSVF Applicant Name:	

Instructions: This form is to certify, via a third party, that the above named applicant is currently "literally homeless" as defined in the SSVF Program Guide's description of eligibility for SSVF Rapid Re-housing. The third party completing this form must check one box below, provide a description, and sign and date this form.

I certify that the person name above and any household members with that person (check only one):

☐ **Is living in a car, park, abandoned building, bus/train station, airport, camping ground, or other place not designed for or ordinarily used as a regular sleeping accommodation.**

Description of Where Applicant is Staying:

Agency/Program Name:_____

Authorized Agency Representative Signature: _____ **Date:** _____

☐ **Is staying in an emergency shelter OR a transitional housing program for people who are homeless (coming from streets or shelter) OR a hotel or motel that is paid for by a charity or government program.**

Shelter, Transitional Housing or Hotel/Motel Name:	
Location:	
If Hotel/Motel: Name of Charity/Program Paying for Stay:	

Authorized Agency Representative Signature: _____ **Date:** _____

☐ **Is exiting an institution where they have been staying for 90 days or less AND they stayed in an emergency shelter OR a place not designed for or ordinarily used as a regular sleeping accommodation immediately prior to entering that institution.**

Name of Institution:	
Location:	
Date of Admission:	
Description of Unsheltered Location:	
Shelter Name:	
Location:	

Authorized Agency Representative Signature: _____ **Date:** _____

Exhibit B4: Self-Declaration of Homelessness

On the following page is a sample SSVF Homeless Self-Certification template.

Supportive Services for Veteran Families (SSVF) Program

HOMELESS SELF-CERTIFICATION

(Note: this form is used only for Rapid Re-housing i.e. SSVF categories 2 and 3)

SSVF Applicant Name:	

Instructions: Complete this self-certification if third party documentation (i.e., written or oral verification) cannot be obtained from an appropriate third party. SSVF applicants may self-certify their current "literally homeless" status per one of the categories below and as defined in the SSVF Program Guide. SSVF staff should review this form with applicants and assist in completing, as needed. Applicants must sign and date this form.

I certify that (check only one):

☐ **I (we) am living in a car, park, abandoned building, bus/train station, airport, camping ground, or other place not designed for or ordinarily used as a regular sleeping accommodation.**

Description of Where You Are Staying:

☐ **I (we) am staying in an emergency shelter OR a transitional housing program for people who are homeless OR a hotel or motel that is paid for by a charity or government program.**

Shelter, Transitional Housing or Hotel/Motel Name:	
Location:	
If Hotel/Motel: Name of Charity/Program Paying for Stay:	

☐ **I am exiting an institution where I have been staying for 90 days or less AND I stayed in an emergency shelter OR a place not designed for or ordinarily used as a regular sleeping accommodation immediately prior to entering that institution.**

Name of Institution:	
Location:	
Date of Admission:	
Description of Unsheltered Location:	
Shelter Name:	
Location:	

SSVF Applicant Signature: _____ Date: _____

Exhibit B5: Sample SSVF Staff Certification of Eligibility Form

On the following page is a sample template SSVF Staff Certification of Eligibility for SSVF assistance form.

Supportive Services for Veteran Families (SSVF) Program

STAFF CERTIFICATION OF ELIGIBILITY FOR SSVF ASSISTANCE

Purpose: This form serves as documentation that: (1) the SSVF participant named below meets all eligibility criteria for SSVF assistance; (2) this eligibility determination is based on true and complete information; (3) neither the staff member making this determination nor his or her supervisor are related to the program participant through family, business or other personal ties; and (4) this eligibility determination has not resulted from, nor will result in, any financial benefit to the staff member making this determination, his or her supervisor, or anyone related to them.

Instructions: This form must be completed for each SSVF participant upon the determination of his or her eligibility for SSVF assistance. This form must be signed and dated by the SSVF staff person who makes this determination and that person's supervisor and must be kept in the participant's case file. This form will remain valid, unless a different staff person re-determines the SSVF participant's eligibility, in which case a new form will be required.

Name of SSVF participant:
Names of family members in household*:

**All family members in household that will benefit from SSVF assistance should be listed.*

Required certifications: Each person signing below certifies to the following: (1) To the best of my knowledge, the SSVF participant named above meets all requirements to receive assistance under the Supportive Services for Veteran Families (SSVF) Program. (2) To the best of my knowledge and ability, all of the information used in making this eligibility determination is true and complete. (3) I am not related to the SSVF participant through family, business or other personal ties. (4) To the best of my knowledge, neither I nor anyone related to me has received or will receive any financial benefit for this eligibility determination. (5) I understand that fraud is investigated by the Department of Veterans Affairs, Office of Inspector General, and may be punished under Federal laws to include, but not limited to, 18 U.S.C. 1001 and 18 U.S.C. 641. (6) I understand that if any of these certifications is found to be false, I will be subject to criminal, civil and administrative penalties and sanctions.

SSVF Staff Signature: _____ Date: _____

SSVF Supervisor Signature: _____ Date: _____

Exhibit B6: SSVF Income Verification Certification Template

On the following page is a sample SSVF income verification certification form.

Supportive Services for Veteran Families (SSVF) Program

VERIFICATION OF INCOME

SSVF Participant Name: _____

Instructions for Employer/Payment Source Representative: This is to certify the income received by the above named individual for purposes of participating in the SSVF Program. This information will be used only to determine the eligibility status and level of benefit of the household. **Complete only the selected section below that includes an authorization to release information.**

Please return this form to:

Name & Title: _____ Phone: _____

Address: _____ Fax: _____

Email: _____

☐ Employment Income

SSVF Participant Release: I hereby authorize the release of the following employment information.

SSVF Participant Signature: _____ Date: _____

Employer representative to complete this section:

The person named above is employed by _____since _____.

He/she is paid $_____ on a _____basis and is currently working an average of _____hours per _____.

Additional compensation please specify (if any):_____

Probability of continued employment: _____

Authorized Employer Representative Signature: _____ Date:_____

Name, Title: _____

Address and Phone: _____

☐ Payments and/or Benefit Income (complete one form for each distinct source of income for person named above)

CIRCLE ONE: Social Security/SSI | Pension/Retirement | TANF
Public Assistance | Unemployment Compensation | Workers Compensation
Alimony Payments | | Child Support Payments
Armed Forces Income | Other (pls. specify) _____

SSVF Participant Release: I hereby authorize the release of the following payment and/or benefit information.

SSVF Participant Signature: _____ Date: _____

Payment source representative to complete this section:

Payments or benefits in the amount of $_____ are paid on a _____ basis.

The expected duration of the payments or benefits is _____.

Authorized Payment Source Representative Signature: _____ Date:_____

Name, Title: _____

Address and Phone: _____

Exhibit B7: Asset Income Calculation Worksheet

On the following page is a sample Asset Income calculation worksheet.

ASSET WORKSHEET

Instructions: Please complete if household currently has assets. Include assets for all household members. Amounts listed in worksheet should match attached backup documentation.

Head of Household: _____

ASSETS INCLUDE:

1. Current amounts in savings accounts and the average balance for the last six months for checking accounts. Also include cash held at home or in a safe deposit box.
2. Cash value of revocable trusts. A revocable trust can be changed by the grantor at any time and is therefore counted as an asset.
3. Equity in real property or other capital investments. Equity is the estimated current market value of the asset less the unpaid balance on all loans secured by the asset and reasonable costs (such as broker fees) that would be incurred in selling the asset.
4. Stocks, bonds, savings certificates, money market funds and other investment accounts.
5. IRA, Keogh and similar retirement savings accounts, even though the withdrawal would result in a penalty.
6. Some contributions to company retirement/pension funds. Include contributions while an individual is employed, count only the amount the family can withdraw without retiring or terminating employment. After retirement or terminating, count as an asset any amount the employee elects to receive as a lump sum.
7. Surrender value of whole life or universal insurance policy.
8. Personal property held as an investment (such as gems, jewelry, coin collections, antiques, etc).
9. Lump sum receipts such as inheritances, lottery winnings, capital gains, insurance settlements and other lump sum amounts.
10. Assets disposed of for less than fair market value during the two years preceding certification or re-certification. The amount counted as an asset is the difference between the cash value and the amount actually received.
11. Assets, which although owned by more than one person, allow unrestricted access by the applicant.

TYPE OF ASSET	TOTAL VALUE	FEES OR PENALTIES	CASH VALUE (TOTAL VALUE MINUS PENALTIES)	INTEREST RATE	ACTUAL ASSET INCOME (MULTIPLY CASH VALUE BY INTEREST RATE)
TOTALS:				N/A	

Imputed Value = CASH VALUE x _____% = [ ]
(Passbook rate)

USE IMPUTED IF TOTAL **CASH VALUE** IS OVER $5000 *AND* GREATER THAN ACTUAL ASSET INCOME

OR

Total Actual Asset Income = [ ]

USE ACTUAL IF TOTAL **CASH VALUE** IS UNDER $5000 *OR* GREATER THAN IMPUTED VALUE

SSVF STAFF SIGNATURE: _____ DATE: _____

Exhibit B8: Sample Income Calculation Worksheet

A sample income calculation worksheet can be found on the following page – see www.va.gov/homeless/SSVF/asp for an electronic version of this worksheet.

SSVF Income Eligibility Calculation Worksheet

To be eligible for SSVF, households must be at or below 50% of the Area Median Income (and meet other SSVF eligibility requirements). Grantees may use this sample worksheet to determine whether an applicant household meets the SSVF income eligibility threshold A copy of this worksheet should be kept in the SSVF participant case file. For additional information on SSVF eligibility requirements and documentation standards, see the SSVF Program Guide.

Household Member Number	Household Member Name	Age of Household Member
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
	Total Household Members (Household size)	
	50% of Area Median Income (AMI) for Household Size	**$ -**

Household Member Number/Name	Sources of Household Income	Gross Documented Current Income Amount	Frequency of Income	Number of Payments per Year	Annual Gross Income (gross income amount X # of payments per year)
	Earned Income (for ADULT household members only)	$ -			$ -
	Earned Income (for ADULT household members only)	$ -			$ -
	Earned Income (for ADULT household members only)	$ -			$ -
	Self-employment/business income	$ -			$ -
	Self-employment/business income	$ -			$ -
	Interest & Dividend Income	$ -			$ -
	Income from Assets	$ -			$ -
	Pension/Retirement Income	$ -			$ -
	Pension/Retirement Income	$ -			$ -
	Unemployment & Disability Income	$ -			$ -
	Unemployment & Disability Income	$ -			$ -
	TANF/Public Assistance	$ -			$ -
	TANF/Public Assistance	$ -			$ -
	Alimony and Child Support Income	$ -			$ -
	Alimony and Child Support Income	$ -			$ -
	Armed Forces Income	$ -			$ -
	Armed Forces Income	$ -			$ -
	Other (specify):	$ -			$ -
	Other (specify):	$ -			$ -
	Total Annual Gross Income from all Sources				**$ -**
	50% of Area Median Income for Household Size				**$ -**
	Variance (If less than AMI, then household is income eligible)				**$ -**
	Is the household at or below 50% Area Median Income?				***YES-Income Eligible***
					NO-Not Income Eligible

Exhibit B9: Homelessness Prevention Eligibility Screening Disposition Form and Instructions

Persons applying for SSVF homelessness prevention assistance (i.e., category 1 of persons occupying permanent housing) must first be screened for VA eligibility. Eligibility must be documented using the SSVF Eligibility Screening Disposition Form. Forms must be completed by SSVF grantee staff using information obtained from the head of household. Screening disposition forms should be supported by additional assessment and documentation of the eligibility conditions and targeting factors indicated. All screening forms must be signed and dated by the authorized SSVF staff person completing the form.

STAGE 1: VA ELIGIBILITY

SSVF grantee staff should assess each applicant household according to the eligibility requirements listed below. Applicants must meet all eligibility requirements in order to receive SSVF assistance.

SSVF Eligibility Requirements

To be eligible for SSVF homelessness prevention assistance, **each** of the following VA conditions must be met. Note that SSVF grantees may require additional eligibility criteria in addition to the VA criteria listed below.

A member of a Veteran family*:* Applicant households must either be a Veteran or a member of a family in which the head of household, or the spouse of the head of household, is a Veteran. A Veteran is *defined as* "a person who served in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable."

Provided the individual has served in the active military, naval, air service, National Guard, or Merchant Marines, and was discharged or released therefrom under conditions other than dishonorable, he or she qualifies as a "Veteran" for SSVF purposes.

1. ***Very low-income****:* Household gross annual income does not exceed 50% of area median income based on the income limits most recently published at http://www.huduser.org/portal/datasets/il.html.

2. ***Imminently at-risk of literal homelessness:*** Applicant households must (1) be imminently losing their primary nighttime residence, (2) have no other residence, and (3) not have sufficient resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent them from becoming literally homeless. To further qualify for services under category 1, the grantee must (4) document that the participant meets at least one of the following conditions:
    a) Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;
    b) Is living in the home of another because of economic hardship;
    c) Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance;

d) Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by Federal, State, or local government programs for low-income individuals;
e) Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, or correctional institution) without a stable housing plan;
f) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved screening tool.

STAGE 2: TARGETING

Each grantee may establish priorities for prevention assistance based upon the targeting factors and point system included in the form. Targeting factors have been identified to help further assess risk of literal homelessness and to prioritize the provision of supportive services to those very low-income veteran families most in need. Points have been assigned to factors based on research and practical experience. ***SSVF grantees may use these targeting criteria to prioritize or limit SSVF services for applicant households who score higher or above a minimum threshold. SSVF targeting criteria and thresholds must be approved by the VA.***

SSVF grantees should establish thresholds based upon the number of applicants vs. SSVF resources available. A grantee may establish that the higher the ratio of applicants to capacity, the higher the point threshold. For example, a program that can only accept and assist 10% of the number of eligible households who apply for prevention assistance could set a minimum score of 9 or higher to assign priority, while a program that has capacity to accept and assist 75% of eligible applicants may require only a score of 4.

Additionally, grantees may establish and score other targeting factors with applicants. The Stage 2 scoring sheet includes a row for this purpose. Grantee established factors must be approved by the VA and should be scored using a 1 to 3 scale.

Supportive Services for Veteran Families (SSVF)
Homelessness Prevention
Eligibility Screening Disposition Form

SCREENING DATE (e.g., 05/24/2010) *[All clients]*

		/			/				
Month			Day			Year			

APPLICANT HEAD OF HOUSEHOLD

First Name	Last Name

STAGE 1: VA ELIGIBILITY

Eligibility Condition I. Veteran Status	
Eligible? ___ YES ___NO	**VA Eligibility Requirements:** ☐ Served in the active military, naval, air service, Merchant Marines, or was activated by Presidential order and served in another state or country while in the National Guard or Reserves. ☐ Other than dishonorable discharge

Eligibility Condition 2. Very Low Income Status	
Eligible? ___ YES ___NO	**VA Eligibility Requirement:** ☐ Gross annual household income less than 50% Area Median Income for household size (grantee may set lower income threshold) Household size (all adults/children): _____ 50% of Area Median Income for Household Size: $_____ Total Annual Gross Income from All Sources: $_____

Eligibility Condition 3. Imminently At-Risk of Literal Homelessness	
Eligible? ___ YES ___NO	**VA Eligibility Requirements:** ☐ Imminent loss of current primary nighttime residence (housing an individual or family owns, rents, or lives in with or without paying rent; housing shared with others; and rooms in hotels or motels paid for by the individual or family); AND ☐ No other residence; AND ☐ No resources or support networks, *e.g.,* family, friends, faith-based or other social networks, immediately available to prevent them from becoming literally homeless; AND ☐ At least one of the following: ☐ Has moved because of economic reasons two or more times during

	the 60 days immediately preceding the application for homelessness prevention assistance; ☐ Is living in the home of another because of economic hardship; ☐ Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; ☐ Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by Federal, State, or local government programs for low-income individuals; ☐ Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, or correctional institution) without a stable housing plan; OR ☐ Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the SSVF grantee's approved screening tool.

Other Program Eligibility Conditions	
Eligible? ___ YES ___NO ___ Not Applicable	**Additional Grantee Eligibility Requirements (must be VA approved)**

Stage 1 Disposition	
	Eligible: Meets ALL Eligibility Requirements Above-Complete Stage 2
	Not Eligible: Does Not Meet One or More Eligibility Requirements Above

STAGE 2: TARGETING

Targeting Criteria	
Circle all that apply	**Targeting Criteria**
3	**Has moved because of economic factors two or more times in the past 60 days**
3	**Living in a hotel or motel not paid for by charitable organizations or by Federal, State, or local government programs**
3	**Living with friends or family, on a temporary basis**
3	**Being discharged from an institution and reintegrating into the community without a stable housing plan**
3	**History of homelessness as an adult, prior to any homeless episode occurring in the past 60 days**

3	Households annual gross income is less than 30% of local Area Median Income for household size
3	Housing loss within 14 days
3	At least one dependent child under age 6
2	At least one dependent child age 6 – 17
2	Veteran returning from Iraq or Afghanistan
2	Applied for shelter or spent at least one night during the prior 60 days literally homeless (shelter, place not meant for human habitation, transitional housing for homeless persons)
2	Sudden and significant loss of income, including employment and/or cash benefits
2	Housing loss within 21 days
1	Rental and/or utility arrears
	Total Points (sum of VA targeting criteria circled points above)
	Additional Target Factors/Scoring Established by Grantee (must be VA approved)
	Total Points (sum of VA/Grantee points above)

Stage 2 Disposition	
	Meets Targeting Threshold (threshold must be VA approved)
	Does Not Meet Targeting Threshold

SSVF STAFF COMPLETING SCREENING FORM:

First Name (Print)	Last Name (Print)

Signature

Exhibit B10: Participant Satisfaction Survey

OMB Control Number: 2900-0757
Estimated Burden: 15 minutes

Department of Veterans Affairs

Supportive Services for Veteran Families (SSVF) Program
Participant Satisfaction Survey

To assist VA in improving the SSVF Program, please complete this form and mail it back (postage pre-paid)

Date _____ / __ /

Name of provider: _____

Number of individuals in household: ☐ 1 ☐ 2 ☐ 3 ☐ 4+

Number of individuals in household receiving support services from this provider: ☐ 1 ☐ 2 ☐ 3 ☐ 4+

Are you enrolled in the VA health care system? ☐ Yes ☐ No

Is this the first or second time completing this survey? ☐ First ☐ Second

---

1. How would you rate the quality of the services you have received from this supportive services provider?

☐ Extremely Poor ☐ Below Average ☐ Average ☐ Above Average ☐ Excellent

2. If another Veteran or a friend were in need of similar help, would you recommend this supportive services provider to him or her?

☐ Definitely Not ☐ Probably Not ☐ Probably So ☐ Definitely

3. How satisfied are you with the services you have received from this supportive services provider?

☐ Very Dissatisfied ☐ Dissatisfied ☐ Neither Satisfied Nor Dissatisfied ☐ Satisfied ☐ Very Satisfied

4. If you needed help again and had a choice of where to go at no cost to you, would you return to this supportive services provider?

☐ Definitely Not ☐ Probably Not ☐ Probably So ☐ Definitely

5. Did the supportive services provider involve you in creating an individualized housing stabilization plan?

☐ Yes ☐ No

6. If you answered Yes to Question 5, do you feel that this housing plan is a good fit for your needs?

☐ Yes ☐ No

7. Is there any other feedback about the supportive services provider that you wish to provide to the VA?

_____

_____

_____

8. In the following table, please indicate which supportive services you received and indicate the quality of the supportive services received.

Supportive Services	Did you need this service?	Did you receive this service?	What was the quality of the service?				
1. Case Management	☐ Yes ☐ No	☐ Yes ☐ No	☐ Extremely Poor	☐ Below Average	☐ Average	☐ Above Average	☐ Excellent
2. Assistance in obtainng VA Benefits	☐ Yes ☐ No	☐ Yes ☐ No	☐ Extremely Poor	☐ Below Average	☐ Average	☐ Above Average	☐ Excellent
3. Assistance in obtaining & coordinating other public benefits							
a. Health care	☐ Yes ☐ No	☐ Yes ☐ No	☐ Extremely Poor	☐ Below Average	☐ Average	☐ Above Average	☐ Excellent
b. Daily living	☐ Yes ☐ No	☐ Yes ☐ No	☐ Extremely Poor	☐ Below Average	☐ Average	☐ Above Average	☐ Excellent
c. Personal financial planning	☐ Yes ☐ No	☐ Yes ☐ No	☐ Extremely Poor	☐ Below Average	☐ Average	☐ Above Average	☐ Excellent
d. Transportation	☐ Yes ☐ No	☐ Yes ☐ No	☐ Extremely Poor	☐ Below Average	☐ Average	☐ Above Average	☐ Excellent
e. Income support	☐ Yes ☐ No	☐ Yes ☐ No	☐ Extremely Poor	☐ Below Average	☐ Average	☐ Above Average	☐ Excellent

	Did you need this service?	Did you receive this service?	What was the quality of service?				
f. Legal	☐ Yes ☐ No	☐ Yes ☐ No	☐ Extremely Poor	☐ Below Average	☐ Average	☐ Above Average	☐ Excellent
g. Child care	☐ Yes ☐ No	☐ Yes ☐ No	☐ Extremely Poor	☐ Below Average	☐ Average	☐ Above Average	☐ Excellent
h. Housing counseling	☐ Yes ☐ No	☐ Yes ☐ No	☐ Extremely Poor	☐ Below Average	☐ Average	☐ Above Average	☐ Excellent
4. Other Supportive Services							
a. Rental assistance	☐ Yes ☐ No	☐ Yes ☐ No	☐ Extremely Poor	☐ Below Average	☐ Average	☐ Above Average	☐ Excellent
b. Utility fee payment assistance	☐ Yes ☐ No	☐ Yes ☐ No	☐ Extremely Poor	☐ Below Average	☐ Average	☐ Above Average	☐ Excellent
c. Security and utility deposits	☐ Yes ☐ No	☐ Yes ☐ No	☐ Extremely Poor	☐ Below Average	☐ Average	☐ Above Average	☐ Excellent
d. Moving costs	☐ Yes ☐ No	☐ Yes ☐ No	☐ Extremely Poor	☐ Below Average	☐ Average	☐ Above Average	☐ Excellent
e. Purchase of emergency supplies	☐ Yes ☐ No	☐ Yes ☐ No	☐ Extremely Poor	☐ Below Average	☐ Average	☐ Above Average	☐ Excellent
f. Other: _____	☐ Yes ☐ No	☐ Yes ☐ No	☐ Extremely Poor	☐ Below Average	☐ Average	☐ Above Average	☐ Excellent

Please answer questions 9 - 14 if you have recently begun receiving services from this provider. You do not need to answer these questions if this is the second time you are completing this survey.

9. Have you ever lived in one of the following places?

☐ Yes ☐ No On the street or a place not meant for human habitation
☐ Yes ☐ No In your car, boat, or an abandoned building
☐ Yes ☐ No Emergency shelter or drop-in center
☐ Yes ☐ No Transitional housing or halfway house
☐ Yes ☐ No Hotel/motel, Single Room Occupancy (SRO), Safe Haven
☐ Yes ☐ No In a family or friend's apartment or house because you had nowhere else to go

10. If you answered Yes to any of the places listed in Question 9, on how many separate occasions did you sleep in one of those places? ☐ 1 time ☐ 2-5 times ☐ 6-10 times ☐ More than 10 times

11. How many times did you move in the year before you requested help at this program? ☐ 0 ☐ 1 ☐ 2 ☐ 3+

12. In the year before you requested help from this supportive services provider, was there a time when your income decreased so much that it became hard to pay your housing costs? ☐ Yes ☐ No

13. Did your employment status (employed full time, employed part time, unemployed) change significantly in the year before you requested help from this supportive services provider? ☐ Yes ☐ No

14. If you answered Yes to Question 13, did you start working or stop working? ☐ Start Working ☐ Stop Working

---

Please answer questions 15 - 18 if you are no longer receiving services from this provider or will no longer be receiving services from this provider in the immediate future. You do not need to answer these questions if you answered questions 9-14.

15. How many times have you moved since you started receiving services from this provider? ☐ 0 ☐ 1 ☐ 2 ☐ 3+

16. Since you started receiving services from this supportive services provider, was there a time when your income decreased so much that it became hard to pay your housing costs? ☐ Yes ☐ No

17. Has your employment status changed significantly (employed full time, employed part time, unemployed) since you started receiving services from this supportive services provider? ☐ Yes ☐ No

18. If you answered Yes to Question 17, did you start working or stop working? ☐ Start Working ☐ Stop Working

---

Please place your completed survey in the envelope provided, seal the envelope and return it in accordance with the instructions you were given at the time you received the survey. Do not place your name on this survey or on the envelope. Thanks for your feedback. If you have any questions, please feel free to contact the SSVF Program Office at 1-877-737-0111 or via e-mail at SSVF@va.gov or visit http://www.va.gov/homeless/ssvf.asp.

Exhibit B11: Rent Reasonableness Checklist

Source: HUD HOME Program

	PROPOSED UNIT	UNIT #1	UNIT #2	UNIT #3
ADDRESS				
NUMBER OF BEDROOMS				
SQUARE FEET				
TYPE OF UNIT/CONSTRUCTION				
HOUSING CONDITION				
LOCATION/ACCESSIBILITY				
AMENITIES UNIT: SITE: NEIGHBORHOOD:				
AGE IN YEARS				
UTILITIES (TYPE)				
UNIT RENT UTILITY ALLOWANCE GROSS RENT				
HANDICAP ACCESSIBLE?				

CERTIFICATION:

A. COMPLIANCE WITH PAYMENT STANDARD

_____ + _____ = _____

PROPOSED CONTRACT RENT + UTILITY ALLOWANCE = PROPOSED GROSS RENT

APPROVED RENT DOES NOT EXCEED APPLICABLE PAYMENT STANDARD OF

$_____.

B. RENT REASONABLENESS

Based upon a comparison with rents for comparable units, I have determined that the proposed rent for the unit [ ] is reasonable. [ ] is not reasonable.

NAME:	SIGNATURE:	DATE:

Exhibit B12: Habitability Standards and Sample Inspection Checklist

Source: HUD HPRP Program

HPRP Housing Habitability Standards Inspection Checklist

About this Tool

The standards for housing unit inspections under HPRP are the housing habitability standards described in Appendix C of the HPRP Notice. These standards apply only when a program participant is receiving financial assistance and moving into a new (different) unit. Inspections must be conducted upon initial occupancy and then on an annual basis for the term of HPRP assistance.

The habitability standards are different from the Housing Quality Standards (HQS) used for other HUD programs. Because the HQS criteria are more stringent than the habitability standards, a grantee could use either standard. In contrast to HQS inspections, the habitability standards do not require a certified inspector. As such, HPRP program staff could conduct the inspections, using a form such as this one to document compliance.

Instructions: Mark each statement as 'A' for approved or 'D' for deficient. The property must meet all standards in order to be approved. A copy of this checklist should be placed in the client file.

Approved or Deficient	Element
	1. *Structure and materials*: The structures must be structurally sound so as not to pose any threat to the health and safety of the occupants and so as to protect the residents from hazards.
	2. *Access*: The housing must be accessible and capable of being utilized without unauthorized use of other private properties. Structures must provide alternate means of egress in case of fire.
	3. *Space and security*: Each resident must be afforded adequate space and security for themselves and their belongings. Each resident must be provided with an acceptable place to sleep.
	4. *Interior air quality*: Every room or space must be provided with natural or mechanical ventilation. Structures must be free of pollutants in the air at levels that threaten the health of residents.
	5. *Water Supply*: The water supply must be free from contamination.
	6. *Sanitary Facilities*: Residents must have access to sufficient sanitary facilities that are in proper operating condition, may be used in privacy, and are adequate for personal cleanliness and the disposal of human waste.
	7. *Thermal environment*: The housing must have adequate heating and/or cooling facilities in proper operating condition.

	8. *Illumination and electricity*: The housing must have adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of residents. Sufficient electrical sources must be provided to permit use of essential electrical appliances while assuring safety from fire.
	9. *Food preparation and refuse disposal*: All food preparation areas must contain suitable space and equipment to store, prepare, and serve food in a sanitary manner.
	10. *Sanitary condition*: The housing and any equipment must be maintained in sanitary condition.
	11. *Fire safety*: Both conditions below must be met to meet this standard. a. Each unit must include at least one battery-operated or hard-wired smoke detector, in proper working condition, on each occupied level of the unit. Smoke detectors must be located, to the extent practicable, in a hallway adjacent to a bedroom. If the unit is occupied by hearing-impaired persons, smoke detectors must have an alarm system designed for hearing-impaired persons in each bedroom occupied by a hearing-impaired person. b. The public areas of all housing must be equipped with a sufficient number, but not less than one for each area, of battery-operated or hard-wired smoke detectors. Public areas include, but are not limited to, laundry rooms, day care centers, hallways, stairwells, and other common areas.

(Source: U.S. Department of Housing and Urban Development, Docket No. FR-5307-N-01, Notice of Allocations, Application Procedures, and Requirements for Homelessness Prevention and Rapid Re-Housing Grantees under the Recovery Act)

CERTIFICATION STATEMENT

I certify that I am not a HUD certified inspector and I have evaluated the property located at the address below to the best of my ability and find the following:

☐ Property meets all of the above standards.
☐ Property does not meet all of the above standards.

Therefore, I make the following determination:

☐ Property is approved.

Case Name:				
Street Address:				
Apartment:	City:	State:	Zip:	
Evaluator's Signature:				Date:
Please Print. Name:				
CBO Exec. Dir. Initial:				

Exhibit B13: Sample Temporary Financial Assistance Request Form

(Source: NYC Department of Homeless Services)

Financial Assistance Request Cover Page

Financial Assistance Request Overview	
Date	
Provider	
Client Name	
Client Type	
Request Type	

Eligibility Period	Start Date:	End Date:
Assistance Period	Start Date:	End Date:
Household Income	Amount:	

Previous funds disbursed	Total amount (including current request):		
Funding Source	☐ HPRP	☐ EAA	☐ EAF

Additional Comments

(Title)	(Print Name)	(Signature)	(Date)
(Title)	(Print Name)	(Signature)	(Date)
(Title)	(Print Name)	(Signature)	(Date)

FINANCIAL ASSISTANCE REQUEST EVALUATION FORM (For DHS Use)

PROVIDER: **CLIENT NAME:**

FAR SUBMITTED ON: **SOCIAL SECURITY:**

REASON FOR NOT PROCESSING:

ELIGIBILITY:

☐ HPRP: Does not meet HPRP eligibility ☐ EAF: Does not meet EAF eligibility ☐ EAA: Does not meet EAA eligibility

Documentation required for each FAR:

- ☐ 1 FAR Cover Sheet not included
- ☐ 2 Insufficient justification of financial assistance request-missing (justification, Household assistance/benefit status, client contribution, futurability)
- ☐ 3 Financial Assistance Request form from database not included
- ☐ 4 Client responsibility form not included/not signed
- ☐ 5 Information in cover sheet not consistent with information on FAR form from database
- ☐ 6 Copy of service plan/client responsibility form (signature page) not included
- ☐ 7 Home visit report missing
- ☐ 8 Current household income documentation from most recent eligibility certification not included
- ☐ 9 Current Housing Status, Housing Options, Financial Resources and Support Networks (HS-1) form not included
- ☐ 10 Copy of current/valid Staff Affidavit not included
- ☐ 11 Request exceeds the period of eligibility

Other documentation based on financial assistance type:

- ☐ 12 Lease agreement missing
- ☐ 13 Lead Screening Worksheet missing
- ☐ 14 Habitability Standards Inspection Checklist missing
- ☐ 15 Copy of bill, receipt or other documentation to substantiate cost not included
- ☐ 16 Letter from real estate/broker not included
- ☐ 17 SSI/SSD award letter missing
- ☐ 18 Estimates from furniture not included
- ☐ 19 Copy of current utility bill not attached
- ☐ 20 Copy of temporary housing bill not attached
- ☐ 21 Other_____

Homebase Database requirements:

- ☐ 21 Incorrect family composition in database
- ☐ 22 Case notes not updated in database
- ☐ 23 No inspection form documented in database
- ☐ 24 No service referrals in database
- ☐ 25 No Homevisit contact in database
- ☐ 26 Financial Assistance status not approved by program. (i.e. CM approved)
- ☐ 27 Goal/Action-No activity between client and program in last 30 days
- ☐ 28 90 Service Plan review not completed
- ☐ 29 Request exceeds the period of eligibility

Other reasons for not processing

- ☐ 30 No other resources leveraged- (Diversion client must receive referral for Short Term Advantage)

Please address issue/s identified above within 3 days and resubmit FAR for processing.

Exhibit B14: Sample Participant Agreement

(Source: HPRP)

Coordinated Services Team
Homeless Prevention Rapid Re-Housing Program

PROGRAM AGREEMENT

As a participant in the Homeless Prevention/Rapid Re-Housing Program, I/We,

_____

Agree (Please check all that you agree with):

__ To complete an initial intake.
__ To complete an assessment with my assigned case manager.
__ To answer all questions.
__ To be an active participant in the development of my service plan.
__ To work collaboratively with my case manager, other service provider staff, and landlord to maintain my housing
__ To meet with my case manager at a minimum one per month
__ To allow my case manager to meet me in my home.

I further understand that failure to comply with the above mentioned statements could result in the following:

- A meeting with members of the Housing Services Team to receive continued services
- A halt in the Housing Services Team providing financial resources and services to maintain housing or placement into housing
- In a termination of Homeless Prevention/Rapid Re-Housing funding and services

I agree with the terms and requirements to receive Homeless Prevention/Rapid Re-housing services. I also understand that providing false information may result in disqualification/termination from the program.

I understand that this is not an entitlement program. Decisions on participation are based on a review of information about a household and whether that household meets the criteria that are outlined in the federal program regulations, the availability of funds and staff needed for participation.

_____ _____
Client Signature Date

_____ _____
Client Signature Date

_____ _____
Staff Signature Date

Housing Services Team
Homeless Prevention Rapid Re-Housing Program

CONSENT FOR RELEASE/EXCHANGE OF CONFIDENTIAL INFORMATION

Instructions:
To be signed by households that intend to receive HPRP services. This form allows the Housing Service Team (HST) to discuss the case via an exchange of information. This information then allows the committee to better plan for the household.

I/We, _____, authorize the Housing Services Team (HST) to exchange and release information with:

__ Arlington County Government/DHS
__ Arlington Alexandria Coalition for the Homeless
__ Doorways for Women and Families
__ Arlington Street People's Assistance Network
__ Arlingtonians Ministering to Emergency Needs
__ Offender Aid and Restoration
__ Volunteers of America, Ches.
__ Northern Virginia Family Service
___ Other_____

For the purpose of case management services that will assist with:

- Financial resources to maintain housing or placement into housing
- Stabilization services to maintain current housing or placement into housing
- Coordinated service planning with my household and the Coordinated Services Team
- Referrals to other community services that will support my household/family

I have also been informed that I may, in writing to the Housing Services Team, revoke this consent for release/exchange of information at anytime and this may affect my continued eligibility.

I have been informed that the prohibitions of the Federal Rules and regulations on the Confidentially of Alcohol and Drug Abuse Patient Records do not apply to the reporting, under state law, of incidents of suspected child abuse and neglect to the appropriate state or local authorities.

Unless otherwise indicated, this consent for the release/exchange of the information indicated above will be valid for a period of 12 months after I exit the Homeless Prevention/Rapid Re-housing program.

_____ _____
Client Signature Date

_____ _____
Client Signature Date

_____ _____
Staff Signature Date

COLLABORATIVE SERVICE SYSTEM OF ARLINGTON
CSSA
SUMMARY NOTICE OF PERSONAL PRIVACY INFORMATION

This notice describes the privacy policy of the Collaborative Service Systems of Arlington (CSSA). Entering information in to the CSSA system is required for all participants in the Homeless Prevention Rapid Re-Housing Program. We may amend this policy at any time.

The following are examples of how we may use your information:

- To provide or coordinate services with other CSSA service providers by sharing your First name, Last name, Social Security Number, Date of Birth, and other pertinent information as necessary. Also additional profile information shall be capture that can include type of homelessness, last zip code of permanent address, etc.
- For payment or reimbursement of services.
- To obtain an unduplicated count of individuals receiving services in Arlington County in order to furnish the reports required.

You have the following rights regarding your personal information:

- You can inspect or get a copy of the information we maintain about you.
- You can ask us to correct any wrong information.
- You can ask us about our privacy policy.
- If you have a complaint regarding your personal privacy rights, you can submit the complaint to your Agency Administrator.
- You have a right to receive a copy of the FULL NOTICE for more details.

We assume that you agree to allow us to collect information and to use or disclose it as described in this notice. If you have any questions or concerns, contact your Agency Administrator or Case Manager.

Household Signature	Date
Household Signature	Date
Agency Staff Signature	Date

Exhibit B15: Sample SSVF Incident Report

SSVF Incident Report
(Incident to be reported within 24 hours or 1st working day after event, please fax completed form to the SSVF Program Office at 215-222-2591)

Name of Veteran: **Social Security #:**

Facility: **Program #:**

Date, time and location of the incident:

Type of Incident:
Death (Including Suicide and Overdose)
Sexual Assault
Severe medical illness
Act of violence by veteran
Verbal or physical abuse directed against staff
Physical Abuse of veteran by staff
Verbal abuse of veteran by staff
Other (please specify in the space provided):

Description of the incident and actions taken:

Report filed by: Title:
Date:

Exhibits Section C: Tools

Exhibit C1: SSVF Documentation Checklist: Temporary Financial Assistance and Housing Unit

On the following page is a sample SSVF Documentation Checklist for Temporary Financial Assistance and Housing Unit.

SSVF Documentation Checklist C1: Temporary Financial Assistance & Housing Unit

(Use form for both Prevention and Rapid Re-housing)

SSVF Participant Name: _____

Programs are encouraged to adopt supporting documentation standards for temporary financial assistance beyond the required documentation listed in this checklist. Adequate supporting documentation verifies expenditures were for eligible temporary financial assistance and eligible participants.

Each documentation type in the first table is required. In the Temporary Financial Assistance table, begin by selecting the type of assistance provided. If a cost type is selected as *Applicable* in the first column, continue to the third column, and check off each required piece of documentation. Check *In File* when all source documentation of a cost type has been collected.

The *Notes* section is for grantees to include additional documentation requirements, specify where certain documentation is kept, and otherwise modify this checklist.

In File (Always Applicable) ✔	***Required Documentation***
☐	**PARTICIPANT ELIGIBILITY -** Documentation that participant meets Veteran family, income, and housing category eligibility requirements, as well as any additionally requirements set by SSVF grantee (See Participant/Veteran Family Eligibility Determination Checklist)
☐	**HOUSING PLAN** – Reasonable plan to address participant's future ability to pay ongoing costs and/or to achieve stability.
☐	**SSVF TEMPORARY FINANCIAL ASSISTANCE NOT USED FOR SAME COST TYPE AND SAME PERIOD AS OTHER FEDERAL, STATE, LOCAL PROGRAM ASSISTANCE** – SSVF staff interview with participant to identify if other federal, state, local program is assisting the household with same cost type for same period.
☐	**THIRD-PARTY PAYMENTS** - SSVF temporary financial assistance can only be paid directly to a third party on behalf of a participant.
Notes:	

Applicable ✔	In File ✔	**SSVF TEMPORARY FINANCIAL ASSISTANCE –** Documentation showing eligible use of SSVF Temporary Financial Assistance. NOTE: indicate in the Notes section where documentation is kept if not in participant case file (e.g., "supporting documentation for expenses kept in accounts payable file").
☐ **YES** ☐ **NO**	☐	**RENTAL ASSISTANCE – CURRENT/ONGOING** ☐ Documentation of the number of months of total assistance. Current/ongoing plus rental arrears plus any month where only a rental fee is paid (that must include utilities) cannot exceed 8 months in a 3-year period, or 5 months in a 12-month period ***-- AND --*** ☐ Documentation that rental assistance will improve participant's housing stability ***-- AND --*** ☐ Copy of **written** rental lease or occupancy agreement for unit assisted with SSVF ***-- AND – if participant is in shared housing*** ☐ Supporting documentation for amount of rental assistance (participant's proportion of overall unit rent is in relation to size of private space for participant vs. private space for others sharing unit) AND documentation that sharing housing is voluntary (statement by participant).

SSVF Documentation Checklist C1: Temporary Financial Assistance & Housing Unit

(Use form for both Prevention and Rapid Re-housing)

Applicable ✔	In File ✔	**SSVF TEMPORARY FINANCIAL ASSISTANCE –** Documentation showing eligible use of SSVF Temporary Financial Assistance. NOTE: indicate in the Notes section where documentation is kept if not in participant case file (e.g., "supporting documentation for expenses kept in accounts payable file").
Notes:		If your agency keeps some/all SSVF-required cost documentation (invoices, etc.) in a separate accounting/audit file system and NOT in the case files, specify what is **not** in case file and **where** it is kept::
☐ **YES** ☐ **NO**	☐	**RENTAL ASSISTANCE – ARREARS** ☐ Documentation of the number of months of total assistance. Current/ongoing plus rental arrears plus any month where only a rental fee is paid (that must include utilities) cannot exceed 8 months in a 3-year period, or 5 months in a 12-month period. ***-- AND –*** ☐ Documentation that rental assistance will improve participant's housing stability ***-- AND --*** ☐ Copy of lease or occupancy agreement **OR** documentation of oral lease agreement for unit assisted with SSVF ***-- AND -- – if participant is in shared housing*** ☐ Supporting documentation for amount of rental assistance (participant's proportion of overall unit rent is in relation to size of private space for participant vs. private space for others sharing unit) AND documentation that sharing housing is voluntary (statement by participant).
Notes:		If your agency keeps some/all SSVF-required cost documentation (invoices, etc.) in a separate accounting/audit file system and NOT in the case records, specify what is **not** in case file and **where** it is kept::
☐ **YES** ☐ **NO**	☐	**RENTAL ASSISTANCE – FEES** ☐ Documentation of the number of months of total assistance. Current/ongoing plus rental arrears plus any month where only a rental fee is paid (that must includes utilities) cannot exceed 8 months in a 3-year period, or 5 months in a 12-month period. ***-- AND –*** ☐ Documentation that rental assistance will improve participant's housing stability ***-- AND --*** ☐ Copy of lease or occupancy agreement for unit assisted with SSVF ***-- AND --*** ☐ Supporting documentation for amount of rental fees
Notes:		If your agency keeps some/all SSVF-required cost documentation (invoices, etc.) in a separate accounting/audit file system and NOT in the case files, specify what is **not** in case file and **where** it is kept::
☐ **YES** ☐ **NO**	☐	**UTILITY PAYMENT– CURRENT/ONGOING** - *Payment of heat, electricity, water, sewer and garbage collection utility fees* ☐ Documentation of the number of months of total assistance. Current/ongoing **plus** utility payment arrears assistance cannot exceed 4 months in a 3-year period, or 2 months in a 12-month period. ***-- AND --*** ☐ Documentation that utility assistance will improve participant's housing stability ***-- AND --***

SSVF Documentation Checklist C1: Temporary Financial Assistance & Housing Unit

(Use form for both Prevention and Rapid Re-housing)

Applicable ✔	In File ✔	**SSVF TEMPORARY FINANCIAL ASSISTANCE –** Documentation showing eligible use of SSVF Temporary Financial Assistance. NOTE: indicate in the Notes section where documentation is kept if not in participant case file (e.g., "supporting documentation for expenses kept in accounts payable file").
		☐: Supporting documentation for utility payment (e.g., print-out from utility company, bill/invoice, shut-off notice, etc.) ***-- AND (if utility not in SSVF Veteran family's name) --*** ☐ Documentation indicating SSVF Veteran family's tenancy in unit and responsibility for utility
Notes:		If your agency keeps some/all SSVF-required cost documentation (invoices, etc.) in a separate accounting/audit file system and NOT in the case files, specify what is **not** in case file and **where** it is kept::
☐ **YES** ☐ **NO**	☐	**UTILITY PAYMENT– ARREARS** - *Payment of heat, electricity, water, sewer and garbage collection utility fees* ☐ Documentation of the number of months of total assistance. Current/ongoing **plus** utility payment arrears assistance cannot exceed 4 months in a 3-year period, or 2 months in a 12-month period. ***-- AND --*** ☐ Documentation that utility assistance will improve participant's housing stability ***-- AND --*** ☐ Supporting documentation for utility payment (e.g., shut-off notice, print-out from utility company, bill/invoice, etc.) ***-- AND --*** ☐ Copy of rental lease or occupancy agreement for unit assisted with SSVF ***-- AND (if utility not in SSVF Veteran family's name) --*** ☐ Documentation indicating SSVF Veteran family's tenancy in unit and responsibility for utility
Notes:		If your agency keeps some/all SSVF-required cost documentation (invoices, etc.) in a separate accounting/audit file system and NOT in the case files, specify what is **not** in case file and **where** it is kept::
☐ **YES** ☐ **NO**	☐	**SECURITY DEPOSIT** ☐ Documentation indicating no more than 1 security deposit paid during a 3-year period ***-- AND --*** ☐ Documentation that deposit assistance will improve participant's housing stability ***-- AND --*** ☐ Supporting documentation for amount of security deposit (e.g., current lease, letter from landlord, bill/invoice, etc.)
Notes:		If your agency keeps some/all SSVF-required cost documentation (invoices, etc.) in a separate accounting/audit file system and NOT in the case files, specify what is **not** in case file and **where** it is kept::
☐ **YES** ☐ **NO**	☐	**UTILITY DEPOSIT** ☐ Documentation indicating no more than 1 security deposit paid during a 3-year period ***-- AND --*** ☐ Documentation that deposit assistance will improve participant's housing stability ***-- AND --***

SSVF Documentation Checklist C1: Temporary Financial Assistance & Housing Unit

(Use form for both Prevention and Rapid Re-housing)

Applicable ✔	In File ✔	**SSVF TEMPORARY FINANCIAL ASSISTANCE –** Documentation showing eligible use of SSVF Temporary Financial Assistance. NOTE: indicate in the Notes section where documentation is kept if not in participant case file (e.g., "supporting documentation for expenses kept in accounts payable file").
		☐ Supporting documentation for amount of utility deposit (e.g., letter from utility company, bill/invoice, etc.) ***-- AND (if utility not in SSVF Veteran family's name) --*** ☐ Documentation indicating SSVF Veteran family anticipated tenancy in unit and responsibility for utility
Notes:		If your agency keeps some/all SSVF-required cost documentation (invoices, etc.) in a separate accounting/audit file system and NOT in the case files, specify what is **not** in case file and **where** it is kept::
☐ **YES** ☐ **NO**	☐	**MOVING COSTS** ☐ Documentation indicating assistance provided only once during a 3-year period ***-- AND --*** ☐ Documentation that moving cost assistance will improve participant's housing stability ***-- AND --*** ☐ Supporting documentation that vendor had reasonable cost (e.g., a comparison of costs based on newspaper ads, quotes, etc.) ***-- AND --*** ☐ Supporting documentation for amount of moving and/or storage costs (e.g., bill/invoice, etc.) ***-- AND (for storage costs) --*** ☐ Documentation indicating assistance not greater than three months or until Veteran family is in housing, whichever is sooner
Notes:		If your agency keeps some/all SSVF-required cost documentation (invoices, etc.) in a separate accounting/audit file system and NOT in the case files, specify what is **not** in case file and **where** it is kept::
☐ **YES** ☐ **NO**	☐	**General Housing Stability Assistance -** *Assistance cannot exceed $1500 per participant.* ☐ Documentation that general housing stability assistance will improve participant's housing stability ***-- AND –*** ☐ Supporting documentation for general housing stability assistance expense (e.g. bill/invoice, etc.)
Notes:		If your agency keeps some/all SSVF-required cost documentation (invoices, etc.) in a separate accounting/audit file system and NOT in the case files, specify what is **not** in case file and **where** it is kept::
☐ **YES** ☐ **NO**	☐	**TRANSPORTATION – PUBLIC TRANSPORTATION** ☐ Documentation that transportation assistance is necessary for the participant's life or safety ***-- AND --*** ☐ Supporting documentation for public transportation expense (e.g. bill/invoice, etc.)
Notes:		If your agency keeps some/all SSVF-required cost documentation (invoices, etc.) in a separate accounting/audit file system and NOT in the case files, specify what is **not** in case file and **where** it is kept::

SSVF Documentation Checklist C1: Temporary Financial Assistance & Housing Unit

(Use form for both Prevention and Rapid Re-housing)

Applicable ✔	In File ✔	**SSVF TEMPORARY FINANCIAL ASSISTANCE –** Documentation showing eligible use of SSVF Temporary Financial Assistance. NOTE: indicate in the Notes section where documentation is kept if not in participant case file (e.g., "supporting documentation for expenses kept in accounts payable file").
☐ **YES** ☐ **NO**	☐	**TRANSPORTATION – REPAIRS/MAINTENANCE -** *Assistance cannot exceed $1,000 during a 3-year period.* ☐ Documentation that transportation assistance will improve participant's housing stability ***-- AND --*** ☐ Documentation that local public transportation is insufficient ***-- AND --*** ☐ Supporting documentation for repairs/maintenance expense (e.g. bill/invoice, etc.)
Notes:		If your agency keeps some/all SSVF-required cost documentation (invoices, etc.) in a separate accounting/audit file system and NOT in the case files, specify what is **not** in case file and **where** it is kept::
☐ **YES** ☐ **NO**	☐	**CHILD CARE** ☐ Documentation of the number of months of total assistance. Assistance cannot be provided for more than 4 months during a 12-month period. *-- **AND** --* ☐ Documentation of eligible childcare provider (licensed, regulated, registered, or otherwise legally operating, under state and local law, and satisfies the state and local requirements, applicable to the child care services the provider provides.) ***-- AND --*** ☐ Documentation that child care will improve participant's housing stability ***-- AND --*** ☐ Supporting documentation for child care expense (e.g. bill/invoice, etc.)
Notes:		If your agency keeps some/all SSVF-required cost documentation (invoices, etc.) in a separate accounting/audit file system and NOT in the case files, specify what is **not** in case file and **where** it is kept::

Applicable ✔	In File ✔	**HOUSING UNIT -** Documentation showing SSVF assistance used for eligible housing unit.
☐ **YES** ☐ **NO**	☐	**RENT REASONABLENESS**– If receiving SSVF Financial Assistance (current/ongoing rent or security deposit) AND either staying in current unit or moving to new housing unit. ☐ (*Exhibit A* in Program Guide) Documentation indicating rent charged for unit is comparable to unassisted units of similar size and location and with similar amenities.
☐ **YES** ☐ **NO**	☐	**(Optional) HABITABILITY STANDARDS INSPECTION** – If receiving SSVF Financial Assistance (any type) AND moving to new housing unit. ☐ (*Exhibit B* in Program Guide) Documentation indicating unit meets HUD Habitability Standards (or higher standard if set by grantee, e.g. Housing Quality Standards [HQS]).
Notes:		

Exhibit C2: SSVF Documentation Checklist: Participant Eligibility

On the following page is a sample SSVF documentation checklist for Participant Eligibility. At least one of the listed examples of documentation is required for each category (i.e., Veteran status, household income, etc.).

SSVF Documentation Checklist C2: Participant Eligibility

(Use form for both Prevention and Rapid Re-housing)

In File (Always Applicable) ✔	**ELIGIBILITY SCREENING –** SSVF staff assessment with Veteran family to determine eligibility and appropriate assistance type and amount.
☐	**COMPLETED INITIAL SCREENING**
☐	**[Homelessness Prevention Only] COMPLETED HOMELESSNESS PREVENTION ELIGIBILITY SCREENING DISPOSITION FORM**

In File (Always Applicable) ✔	**ELIGIBILITY CONDITION 1: VETERAN STATUS –** The head of the household or the spouse of the head of the household must be a Veteran (the head of the household should be identified by the Veteran family).
☐	☐ **Head of Household is a Veteran** ☐ **Written Third Party:** Copy of the Veteran's "DD Form 214 Certificate of Release or Discharge from Active Duty" ☐ **SSVF Presumptive Eligibility Form** (May not issue financial assistance until DD 214 obtained) ***-- OR --*** ☐ **Spouse of the Head of Household is a Veteran** ☐ **Written Third Party:** Copy of the Veteran's "DD Form 214 Certificate of Release or Discharge from Active Duty" ***-- AND --*** ☐ **Self Declaration:** Veteran family self-declaration of marital relationship to Veteran ***-- OR --*** ☐ **SSVF Staff Certification** ***--OR --*** ☐ **Other Household Documentation (i.e. marriage certificate proof of joint residency, custody agreement, etc)**

Applicable ✔	In File ✔	**ELIGIBILITY CONDITION 2: VERY LOW INCOME STATUS –** Documentation of each identified source of current income for the household and documentation of household income calculation indicating household income at or below 50% Area Median Income
In File (Always Applicable) ☐		**"INCOME CALCULATION WORKSHEET"** – Documentation showing income calculation (estimated annual income based on current income) and comparison to Area Median Income. (*Exhibit H* in Program Guide)
In file (Always applicable) ☐		**Veteran Family income does not exceed 50% of the local Area Median Income** ☐ **Income Calculation Worksheet and accompanying verifications**
☐ **YES** ☐ **NO**	☐	**WAGES & SALARY** ☐ **Written Third Party:** Copy of most recent paystub(s) OR "Verification of Income Form" from employer (*Exhibit I* in Program Guide) ***-- OR –*** ☐ **Oral Third Party:** "Verification of Income Form" or other case file record of income information obtained verbally by SSVF staff (*Exhibit I* in Program Guide) ***-- OR –***

SSVF Documentation Checklist C2: Participant Eligibility

(Use form for both Prevention and Rapid Re-housing)

Applicable ✔	In File ✔	**ELIGIBILITY CONDITION 2: VERY LOW INCOME STATUS –** Documentation of each identified source of current income for the household and documentation of household income calculation indicating household income at or below 50% Area Median Income
		☐ **Self-Declaration:** Veteran family "Self-Declaration of Income" form (*Exhibit K* in Program Guide) **-- AND --** ☐ Written explanation by SSVF staff of attempts to secure third party (written or oral) verification
☐ **YES** ☐ **NO**	☐	**SELF EMPLOYMENT/BUSINESS INCOME** ☐ **Written Third Party:** Copy of most recent federal or state tax return showing net business income ***-- OR –*** ☐ **Self-Declaration:** Veteran family "Self-Declaration of Income" form (*Exhibit K* in Program Guide) **-- AND --** ☐ Written explanation by SSVF staff of attempts to secure third party (written or oral) verification
☐ **YES** ☐ **NO**	☐	**INTEREST & DIVIDEND INCOME** ☐ **Written Third Party:** Copy of most recent interest or dividend income statement OR Copy of most recent federal or state tax return showing interest, dividend or other net income ***-- OR --*** ☐ **Self-Declaration:** Veteran family "Self-Declaration of Income" form (*Exhibit K* in Program Guide) ***-- AND --*** ☐ Written explanation by SSVF staff of attempts to secure third party (written or oral) verification
☐ **YES** ☐ **NO**	☐	**INCOME FROM ASSETS** - If assets are $5,000 or less, use actual income from assets. If assets are more than $5,000 use imputed income from assets or actual income from assets, whichever is greater. ☐ **Written Third Party:** Copy of most recent value of assets (see "Determining Income Eligibility" in Program Guide for lists of included and excluded assets) ***-- AND --*** ☐ **Self-Declaration:** Veteran family asset form (**Exhibit O:** Asset Worksheet**)**
☐ **YES** ☐ **NO**	☐	**PENSION/RETIREMENT INCOME** ☐ **Written Third Party:** Copy of most recent payment statement OR benefit notice OR bank deposit statement OR other written "Verification of Income Form" (*Exhibit I* in Program Guide) ***-- OR --*** ☐ **Oral Third Party:** "Verification of Income Form" or other case file record of income information obtained by SSVF staff (*Exhibit I* in Program Guide) ***-- OR --*** ☐ **Self-Declaration:** Veteran family "Self-Declaration of Income" (*Exhibit K* in Program Guide) ***-- AND –*** ☐ Written explanation by SSVF staff of attempts to secure third party (written or oral) verification
☐ **YES** ☐ **NO**	☐	**UNEMPLOYMENT & DISABILITY INCOME** ☐ **Written Third Party:** Copy of most recent payment statement OR benefit notice OR bank deposit statement OR other written "Verification of Income Form" (*Exhibit I* in Program Guide) ***-- OR --*** ☐ **Oral Third Party:** "Verification of Income Form" or other case file record of income information obtained by SSVF staff (*Exhibit I* in Program Guide) ***-- OR --*** ☐ **Self-Declaration:** Veteran family "Self-Declaration of Income" form (*Exhibit K* in Program Guide) ***-- AND --*** ☐ Written explanation by SSVF staff of attempts to secure third party (written or oral) verification

SSVF Documentation Checklist C2: Participant Eligibility

(Use form for both Prevention and Rapid Re-housing)

Applicable ✔	In File ✔	**ELIGIBILITY CONDITION 2: VERY LOW INCOME STATUS –** Documentation of each identified source of current income for the household and documentation of household income calculation indicating household income at or below 50% Area Median Income
☐ **YES** ☐ **NO**	☐	**TANF/PUBLIC ASSISTANCE** ☐ **Written Third Party:** Copy of most recent payment statement OR benefit notice OR bank deposit statement OR other written "Verification of Income Form" (*Exhibit I* in Program Guide) ***-- OR --*** ☐ **Oral Third Party:** "Verification of Income Form" or other case file record of income information obtained by SSVF staff (*Exhibit I* in Program Guide) ***-- OR --*** ☐ **Self-Declaration:** Veteran family "Self-Declaration of Income" form (*Exhibit K* in Program Guide) ***-- AND --*** ☐ Written explanation by SSVF staff of attempts to secure third party (written or oral) verification
☐ **YES** ☐ **NO**	☐	**ALIMONY, CHILD SUPPORT AND FOSTER CARE INCOME** ☐ **Written Third Party:** Copy of most recent payment statement OR benefit notice OR bank deposit statement OR other written "Verification of Income Form" (*Exhibit I* in Program Guide) ***-- OR --*** ☐ **Oral Third Party:** "Verification of Income Form" or other case file record of income information obtained by SSVF staff (*Exhibit I* in Program Guide) ***-- OR --*** ☐ **Self-Declaration:** Veteran family "Self-Declaration of Income" form (*Exhibit K* in Program Guide) ***-- AND --*** ☐ Written explanation by SSVF staff of attempts to secure third party (written or oral) verification
☐ **YES** ☐ **NO**	☐	**ARMED FORCES INCOME** ☐ **Written Third Party:** Copy of most recent paystub(s) OR other written "Verification of Income Form" from employer (*Exhibit I* in Program Guide) ***-- OR --*** ☐ **Oral Third Party:** "Verification of Income Form" or other case file record of income information obtained by SSVF staff (*Exhibit I* in Program Guide) ***-- OR --*** ☐ **Self-Declaration:** Veteran family "Self-Declaration of Income" form (*Exhibit K* in Program Guide) ***-- AND --*** ☐ Written explanation by SSVF staff of attempts to secure third party (written or oral) verification
☐ **YES** ☐ **NO**	☐	**NO INCOME** ☐ **Self-Declaration:** Veteran family "Self-Declaration of Income" form (*Exhibit K* in Program Guide) **-- AND --** ☐ Brief, written explanation by SSVF staff for using self-declaration (e.g., "Veteran family reports no current income.")

SSVF Documentation Checklist C2: Participant Eligibility

(Use form for both Prevention and Rapid Re-housing)

Applicable ✔	In File ✔	***CATEGORY 1, HOMELESSNESS PREVENTION:*** ***RESIDING IN PERMANENT HOUSING*** **ELIGIBILITY CONDITION 3: IMMINENTLY AT-RISK OF LITERAL HOMELESSNESS -** Documentation of the current living situation of the household to categorize into Housing Status into Category 1, 2 or 3.
		Primary Nighttime Residence
☐ **YES** ☐ **NO**	☐	**DOCUMENTATION OF CURRENT LEASE OR OTHER WRITTEN OCCUPANCY AGREEMENT -** Lease must identify Veteran family or host family/friend as tenant. ☐ **Written Third Party:** Copy of current lease or other written occupancy agreement that identifies Veteran family OR host family/friend as tenant. ***-- OR --*** ☐ **Oral Third Party:** Verbal landlord verification of Veteran family's OR host family/friend's tenancy documented by Grantee SSVF staff in participant file. Include date of conversation and person verifying tenancy. ***-- OR --*** ☐ **Self-Declaration:** Veteran family "Self-Declaration of Housing Status" (*Exhibit L* in Program Guide). NOTE: A self-declaration and third party verification of a pre-existing oral agreement cannot be used as a substitute when providing on-going financial assistance. ***-- AND --*** ☐ Written explanation by SSVF staff of attempts to secure third party verification A lease or written occupancy agreement is not required if Veteran family or their host is a homeowner.
☐ **YES** ☐ **NO**	☐	**DOCUMENTATION OF ORAL LEASE** (NOTE: an oral lease is sufficient to establish that the participant is living in permanent housing (an eligibility criterion). An oral lease is also sufficient verification to pay rental arrears. However, a written lease is required for payment of current or future rental assistance.) ☐ **Written Third Party:** Landlord verification of a pre-existing oral agreement (e.g. note from landlord, cancelled checks to landlord) ***-- OR --*** ☐ **Oral Third Party:** Verbal landlord verification of a pre-existing oral agreement documented by Grantee SSVF staff in participant file. Include date of conversation and person verifying tenancy ***-- OR --*** ☐ **Self-Declaration:** Veteran family "Self-Declaration of Housing Status" (*Exhibit L* in Program Guide). NOTE: A self-declaration and third party verification of an oral "lease" agreement can be used as a substitute for a written lease only when providing arrears. ***-- AND --*** ☐ Written explanation by SSVF staff of attempts to secure third party verification
		Imminent Loss of Primary Nighttime Residence
☐ **YES** ☐ **NO**	☐	**RENTED BY VETERAN FAMILY (select applicable situation)** ☐ ***POTENTIAL HOUSING LOSS DUE TO NON-PAYMENT OF RENT OR OTHER VIOLATION*** ☐ **Written Third Party:** Copy of eviction notice or letter indicating intent to evict (typed or handwritten) from landlord/owner OR court order ☐ ***POTENTIAL HOUSING LOSS DUE TO UTILITY NON-PAYMENT*** ☐ **Written Third Party:** Copy of utility shut-off notice ***-- AND --***

SSVF Documentation Checklist C2: Participant Eligibility

(Use form for both Prevention and Rapid Re-housing)

Applicable ✔	In File ✔	***CATEGORY 1, HOMELESSNESS PREVENTION:*** ***RESIDING IN PERMANENT HOUSING*** **ELIGIBILITY CONDITION 3: IMMINENTLY AT-RISK OF LITERAL HOMELESSNESS -** Documentation of the current living situation of the household to categorize into Housing Status into Category 1, 2 or 3.
		☐ Lease or verification of oral lease indicating Veteran family is responsible for utilities and utility shut-off will cause eviction ***-- OR --*** ☐ Other evidence of housing being unfit for habitation due to utility shut-off (e.g., other third party provider assessment or SSVF staff assessment) ☐ ***POTENTIAL HOUSING LOSS DUE TO FORECLOSURE ON RENTAL PROPERTY*** ☐ **Written Third Party:** Copy of foreclosure notice from landlord/owner or other public record/publication ☐ ***POTENTIAL HOUSING LOSS DUE TO UNINHABITABLE CONDITIONS*** ☐ **Written Third Party:** Copy of notice from landlord/property manager, public health, code enforcement, fire marshal, child welfare or other government entity that housing is condemned
☐ **YES** ☐ **NO**	☐	**OTHER HOUSING OCCUPIED BY VETERAN FAMILY WITHOUT PAYING RENT DIRECTLY TO A LANDLORD (INCLUDING HOUSING SHARED WITH FRIENDS OR FAMILY) (select applicable situation)** ☐ ***POTENTIAL HOUSING LOSS DUE TO EVICTION (REQUEST TO LEAVE) BY HOST FRIEND OR FAMILY*** ☐ **Written Third Party:** Copy of eviction notice or letter indicating request to leave (typed or handwritten) from host friend or family ***-- OR --*** ☐ **Oral Third Party:** Verbal verification of request to leave documented by Grantee SSVF staff in participant file. Include date of conversation and person verifying tenancy termination. ***-- OR --*** ☐ **Self-Declaration:** Veteran family "Self-Declaration of Housing Status" (*Exhibit L* in Program Guide). ***-- AND --*** ☐ Written explanation by SSVF staff of attempts to secure third party verification ☐ ***POTENTIAL HOUSING LOSS DUE TO FORECLOSURE ON RENTAL PROPERTY*** ☐ **Written Third Party:** Copy of foreclosure notice from landlord/owner or other public record/publication ☐ ***POTENTIAL HOUSING LOSS DUE TO UNINHABITABLE CONDITIONS*** ☐ **Written Third Party:** Copy of notice from landlord/property manager, public health, code enforcement, fire marshal, child welfare or other government entity that housing is condemned
☐ **YES** ☐ **NO**	☐	**OWNED BY VETERAN FAMILY** ☐ ***POTENTIAL HOUSING LOSS DUE TO NON-PAYMENT OF MORTGAGE AND/OR FORECLOSURE ON OWNER-OCCUPIED PROPERTY*** ☐ **Written Third Party:** Copy of deed or mortgage ***-- AND (if foreclosure) --*** ☐ **Written Third Party:** Copy of foreclosure notice from lending institution

SSVF Documentation Checklist C2: Participant Eligibility

(Use form for both Prevention and Rapid Re-housing)

Applicable ✔	In File ✔	***CATEGORY 1, HOMELESSNESS PREVENTION:*** ***RESIDING IN PERMANENT HOUSING*** **ELIGIBILITY CONDITION 3: IMMINENTLY AT-RISK OF LITERAL HOMELESSNESS -** Documentation of the current living situation of the household to categorize into Housing Status into Category 1, 2 or 3.
		Other Housing Options and Resources ("But For" Conditions)
In File (Always Applicable) ☐		**NO OTHER RESIDENCE** ☐ **Self-Declaration:** Description of lack of other housing options as recorded on assessment form or other case file documentation (e.g., case notes) AND ☐ Brief, written description by SSVF staff indicating absence of appropriate and/or reasonable housing options sufficient to prevent or end homelessness
In File (Always Applicable) ☐		**NO RESOURCES OR SUPPORT NETWORKS** ☐ **Self-Declaration:** Description of lack of other financial resources and support networks as recorded on assessment form or other case file documentation (e.g., case notes) ☐ Self-declaration includes current bank account balance(s) [bank statements not required] ***-- AND (if applicable) --*** ☐ Assessment and documentation of other assets, *per SSVF grantee asset policy, indicating allowable amount* ***-- AND --*** ☐ Brief, written description by SSVF staff indicating absence of financial resources and support networks sufficient to prevent or end homelessness
In File (Always Applicable) ☐		**ONE OR MORE OTHER FACTORS** 1. Moved due to economic reasons two or more times in 60 days prior to SSVF. 2. Living in home of another due to economic hardship. 3. Living in a hotel or motel not paid for by charity or government source. 4. Exiting a publicly funded system of care. 5. Housing has other characteristics that fit grantee's own program targeting criteria ☐ **Self report and certification**: Obtained through SSVF eligibility assessment. Supported by third party documentation if available and practical to obtain.

SSVF Documentation Checklist C2: Participant Eligibility

(Use form for both Prevention and Rapid Re-housing)

Applicable ✔	In File ✔	***CATEGORY 2, RAPID RE-HOUSING:* HOMELESS AND SCHEDULED TO BECOME A RESIDENT OF PERMANENT HOUSING WITHIN 90 DAYS** **ELIGIBILITY CONDITION 3: HOUSING STATUS -** Documentation of the current status relative to permanent housing and literal homeless living situation.
In File (Always Applicable) ☐		**SCHEDULED TO BECOME RESIDENT OF PERMANENT HOUSING (within 90 days)** ☐ **SSVF Staff Certification:** Plan to place participant into permanent housing within 90 days. ***-- OR --*** ☐ **Written Third Party:** Letter from landlord or future housing provider (not required if not already identified)
☐ **YES** ☐ **NO**	☐	**PLACE NOT MEANT FOR HUMAN HABITATION** ☐ **Written Third Party:** "SSVF Homeless Certification" (*Exhibit J* in Program Guide) OR homeless street outreach provider or referral source letter ***-- OR –*** ☐ **Self-Declaration:** Veteran family " SSVF Homeless Self-Certification " (*Exhibit L* and Exhibit Q in Program Guide) ***-- AND --*** ☐ Written explanation by SSVF staff of attempts to secure third party verification
☐ **YES** ☐ **NO**	☐	**EMERGENCY SHELTER** ☐ **Written Third Party:** HMIS record of shelter stay OR "SSVF Homeless Certification" (*Exhibit J* in Program Guide) OR emergency shelter provider letter ***-- OR –*** ☐ **Self-Declaration:** Veteran family "SSVF Homeless Self-Certification" (*Exhibit L* and Exhibit Q in Program Guide) ***-- AND --*** ☐ **Written explanation** by SSVF staff of attempts to secure third party verification
☐ **YES** ☐ **NO**	☐	**TRANSITIONAL HOUSING (if graduating from or timing out of TH and was in emergency shelter or place not meant for human habitation prior to admission)** ☐ **Written Third Party:** HMIS record of transitional housing stay, OR "SSVF Homeless Certification" (*Exhibit J* in Program Guide) OR transitional housing provider letter ***-- OR –*** ☐ **Self-Declaration:** Veteran family " SSVF Homeless Self-Certification " (*Exhibit L* and Exhibit Q in Program Guide) ***-- AND --*** ☐ Written explanation by SSVF staff of attempts to secure third party verification
☐ **YES** ☐ **NO**	☐	**HOSPITAL OR OTHER INSTITUTION (if stay is 90 days or less and was in emergency shelter or place not meant for human habitation prior to admission)** ☐ **Written Third Party:** "SSVF Homeless Certification" (*Exhibit J* in Program Guide) or letter from hospital or other institution ***-- AND –*** ☐ **Written Third Party:** HMIS record of shelter stay (if previously sleeping in emergency shelter) OR "SSVF Homeless Certification" (*Exhibit J* in Program Guide) OR emergency shelter or homeless street outreach provider letter ***-- OR –*** ☐ **Self-Declaration:** Veteran family " SSVF Homeless Self-Certification " (*Exhibit L* and Exhibit Q in Program Guide) ***-- AND --*** ☐ Written explanation by SSVF staff of attempts to secure third party verification

SSVF Documentation Checklist C2: Participant Eligibility

(Use form for both Prevention and Rapid Re-housing)

	Other Housing Options and Resources ("But For" Conditions)
In File (Always Applicable) ☐	**NO OTHER RESIDENCE** ☐ **Self-Declaration:** Description of lack of other housing options as recorded on assessment form or other case file documentation (e.g., case notes) AND ☐ Brief, written description by SSVF staff indicating absence of appropriate and/or reasonable housing options sufficient to prevent or end homelessness
In File (Always Applicable) ☐	**NO RESOURCES OR SUPPORT NETWORKS** ☐ **Self-Declaration:** Description of lack of other financial resources and support networks as recorded on assessment form or other case file documentation (e.g., case notes) ☐ Self-declaration includes current bank account balance(s) [bank statements not required] ***-- AND (if applicable) --*** ☐ Assessment and documentation of other assets, *per SSVF grantee asset policy, indicating allowable amount* ***-- AND --*** ☐ Brief, written description by SSVF staff indicating absence of financial resources and support networks sufficient to prevent or end homelessness

SSVF Documentation Checklist C2: Participant Eligibility

(Use form for both Prevention and Rapid Re-housing)

Applicable ✔	In File ✔	***CATEGORY 3, RAPID RE-HOUSING: EXITED PERMANENT HOUSING WITHIN THE LAST 90 DAYS TO SEEK OTHER HOUSING*** **ELIGIBILITY CONDITION 3: HOUSING STATUS -** Documentation of the current status relative to permanent housing and literal homeless living situation.
In File (Always Applicable) ☐		**EXIT FROM PERMANENT HOUSING (within the last 90 days)** ☐ **Written Third Party:** Letter from landlord OR the friend or family member with whom the Veteran family was staying ***-- OR --*** ☐ **Oral Third Party:** Verification from landlord OR the friend or family member with whom the Veteran family was staying ***-- OR --*** ☐ **SSVF Staff Certification:** Certification that participant exited permanent housing within the last 90 days.
☐ **YES** ☐ **NO**	☐	**PLACE NOT MEANT FOR HUMAN HABITATION** ☐ **Written Third Party:** "SSVF Homeless Certification" (*Exhibit J* in Program Guide) OR homeless street outreach provider or referral source letter ***-- OR –*** ☐ **Self-Declaration:** Veteran family " SSVF Homeless Self-Certification " (*Exhibit L* and Exhibit Q in Program Guide) ***-- AND --*** ☐ Written explanation by SSVF staff of attempts to secure third party verification
☐ **YES** ☐ **NO**	☐	**EMERGENCY SHELTER** ☐ **Written Third Party:** HMIS record of shelter stay OR "SSVF Homeless Certification" (*Exhibit J* in Program Guide) OR emergency shelter provider letter ***-- OR –*** ☐ **Self-Declaration:** Veteran family "SSVF Homeless Self-Certification" (*Exhibit L* and Exhibit Q in Program Guide) ***-- AND --*** ☐ **Written explanation** by SSVF staff of attempts to secure third party verification
☐ **YES** ☐ **NO**	☐	**TRANSITIONAL HOUSING (if graduating from or timing out of TH and was in emergency shelter or place not meant for human habitation prior to admission)** ☐ **Written Third Party:** HMIS record of transitional housing stay, OR "SSVF Homeless Certification" (*Exhibit J* in Program Guide) OR transitional housing provider letter ***-- OR –*** ☐ **Self-Declaration:** Veteran family " SSVF Homeless Self-Certification " (*Exhibit L* and Exhibit Q in Program Guide) ***-- AND --*** ☐ Written explanation by SSVF staff of attempts to secure third party verification
☐ **YES** ☐ **NO**	☐	**HOSPITAL OR OTHER INSTITUTION (if stay is 90 days or less and was in emergency shelter or place not meant for human habitation prior to admission)** ☐ **Written Third Party:** "SSVF Homeless Certification" (*Exhibit J* in Program Guide) or letter from hospital or other institution ***-- AND –*** ☐ **Written Third Party:** HMIS record of shelter stay (if previously sleeping in emergency shelter) OR "SSVF Homeless Certification" (*Exhibit J* in Program Guide) OR emergency shelter or homeless street outreach provider letter ***-- OR –***

SSVF Documentation Checklist C2: Participant Eligibility

(Use form for both Prevention and Rapid Re-housing)

		☐ **Self-Declaration:** Veteran family " SSVF Homeless Self-Certification " (*Exhibit L* and Exhibit Q in Program Guide) ***-- AND --*** ☐ Written explanation by SSVF staff of attempts to secure third party verification
		Other Housing Options and Resources ("But For" Conditions)
In File (Always Applicable) ☐		**NO OTHER RESIDENCE** ☐ **Self-Declaration:** Description of lack of other housing options as recorded on assessment form or other case file documentation (e.g., case notes) AND ☐ Brief, written description by SSVF staff indicating absence of appropriate and/or reasonable housing options sufficient to prevent or end homelessness
In File (Always Applicable) ☐		**NO RESOURCES OR SUPPORT NETWORKS** ☐ **Self-Declaration:** Description of lack of other financial resources and support networks as recorded on assessment form or other case file documentation (e.g., case notes) ☐ Self-declaration includes current bank account balance(s) [bank statements not required] ***-- AND (if applicable) --*** ☐ Assessment and documentation of other assets, *per SSVF grantee asset policy, indicating allowable amount* ***-- AND --*** ☐ Brief, written description by SSVF staff indicating absence of financial resources and support networks sufficient to prevent or end homelessness

SSVF Documentation Checklist C2: Participant Eligibility

(Use form for both Prevention and Rapid Re-housing)

Applicable ✔	In File ✔	**(OPTIONAL) TARGETING SPECIFIC SUBPOPULATIONS –** Documentation that the Veteran family meets the criteria of a specific subpopulation.
For Grantees funded in 2011:		
☐ **YES** ☐ **NO**	☐	**CHRONICALLY HOMELESS or FORMERLY CHRONICALLY HOMELESS** – *HUD defines a chronically homeless person as an unaccompanied homeless person or family with an adult member with a disabling condition who has either been continually homeless for one year or more or has had four episodes of homelessness in the past three years.* ☐ **Written Third Party:** HMIS record of shelter stay OR "Homeless Certification" (*Exhibit J* in Program Guide) OR shelter/outreach provider or referral source letter ***-- OR --*** ☐ **Self-Declaration:** Veteran family "Self-Declaration of Housing Status" (*Exhibit L* and Exhibit Q in Program Guide) ***-- AND --*** ☐ Written explanation by SSVF staff of attempts to secure third party verification
For Grantees funded in 2012:		
☐ **YES** ☐ **NO**	☐	**VETERAN RETURNING FROM OEF, OIF, ONW (Iraq and Afghanistan)** ☐ **Head of Household is a Veteran** ☐ **Written Third Party:** Copy of the Veteran's "DD Form 214 Certificate of Release or Discharge from Active Duty" ***-- OR --*** ☐ **Written Third Party:** Copy of Service Statement from VA Medical Center ***-- OR --*** ☐ **Spouse of the Head of Household is a Veteran** ☐ **Written Third Party:** Copy of the Veteran's "DD Form 214 Certificate of Release or Discharge from Active Duty" ***-- OR --*** ☐ **Written Third Party:** Copy of Service Statement from VA Medical Center ***-- AND --*** ☐ **Self Declaration:** Veteran family self-declaration of marital relationship to Veteran ***-- OR --*** ☐ **SSVF Staff Certification** ***--OR --*** ☐ **Other Household Documentation (i.e. marriage certificate, proof of joint residency, custody agreement, etc.)**
☐ **YES** ☐ **NO**	☐	**VETERAN FAMILIES LOCATED IN RURAL AREAS** ☐ **Written Third Party or SSVF Staff Certification:** Verification that housing unit is located in rural area ***-- OR --*** ☐ **Self-Declaration:** Veteran family "Self-Declaration of Housing Status" (*Exhibit L* in Program Guide) that includes certification of housing unit located in rural area ***-- AND --*** ☐ Written explanation by SSVF staff of attempts to secure third party verification
☐ **YES**	☐	**VETERAN FAMILIES LOCATED ON INDIAN TRIBAL PROPERTY**

SSVF Documentation Checklist C2: Participant Eligibility

(Use form for both Prevention and Rapid Re-housing)

☐ **NO**		☐ **Written Third Party:** Copy of deed or mortgage OR copy of lease or written occupancy agreement with Veteran Family ***-- AND --*** ☐ **Written Third Party or SSVF Staff Certification:** Verification that housing unit is located on Indian tribal property (e.g. copy of appropriate American Indian Tribal Census Tract Outline Map) ***-- OR --*** ☐ **Self-Declaration:** Veteran family "Self-Declaration of Housing Status" (*Exhibit L* in Program Guide) that includes certification of housing unit located on Indian tribal property ***-- AND --*** ☐ Written explanation by SSVF staff of attempts to secure third party verification

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Exhibit C3: SSVF Documentation Checklist: Participant Recertification

On the following page is a sample SSVF documentation checklist for Participant Recertification.

SSVF Documentation Checklist C3: Participant Recertification

(Use form for both Prevention and Rapid Re-housing)

SSVF Participant Name: _____

In File (Always Applicable) ✔	**RECERTIFICATION CONSULTATION –** SSVF staff assessment with Veteran family to determine recertification eligibility and appropriate assistance type and amount.
☐	**COMPLETED RECERTIFICATION CONSULTATION**

Applicable ✔	In File ✔	**HOUSEHOLD INCOME –** Documentation of each identified source of current income for the household and documentation of household income calculation indicating household income at or below 50% Area Median Income
In File (Always Applicable) ☐		**"INCOME CALCULATION WORKSHEET"** – Documentation showing income calculation (estimated annual income based on current income) and comparison to Area Median Income. (*Exhibit H* in Program Guide)
In file (Always applicable) ☐		**Veteran Family income does not exceed 50% of the local Area Median Income** ☐ **Income Calculation Worksheet and accompanying verifications**
☐ **YES** ☐ **NO**	☐	**WAGES & SALARY** ☐ **Written Third Party:** Copy of most recent paystub(s) OR "Verification of Income Form" from employer (*Exhibit I* in Program Guide) ***-- OR –*** ☐ **Oral Third Party:** "Verification of Income Form" or other case file record of income information obtained verbally by SSVF staff (*Exhibit I* in Program Guide) ***-- OR –*** ☐ **Self-Declaration:** Veteran family "Self-Declaration of Income" form (*Exhibit K* in Program Guide) **-- AND --** ☐ Written explanation by SSVF staff of attempts to secure third party (written or oral) verification
☐ **YES** ☐ **NO**	☐	**SELF EMPLOYMENT/BUSINESS INCOME** ☐ **Written Third Party:** Copy of most recent federal or state tax return showing net business income ***-- OR –*** ☐ **Self-Declaration:** Veteran family "Self-Declaration of Income" form (*Exhibit K* in Program Guide) **-- AND --** ☐ Written explanation by SSVF staff of attempts to secure third party (written or oral) verification
☐ **YES** ☐ **NO**	☐	**INTEREST & DIVIDEND INCOME** ☐ **Written Third Party:** Copy of most recent interest or dividend income statement OR Copy of most recent federal or state tax return showing interest, dividend or other net income ***-- OR --*** ☐ **Self-Declaration:** Veteran family "Self-Declaration of Income" form (*Exhibit K* in Program Guide) ***-- AND --*** ☐ Written explanation by SSVF staff of attempts to secure third party (written or oral) verification
☐ **YES** ☐ **NO**	☐	**INCOME FROM ASSETS** - If assets are $5,000 or less, use actual income from assets. If assets are more than $5,000 use imputed income from assets or actual income from assets, whichever is greater. ☐ **Written Third Party:** Copy of most recent value of assets (see "Determining Income Eligibility" in Program Guide for lists of included and excluded assets) ***-- AND --***

SSVF Documentation Checklist C3: Participant Recertification

(Use form for both Prevention and Rapid Re-housing)

Applicable ✔	In File ✔	**HOUSEHOLD INCOME –** Documentation of each identified source of current income for the household and documentation of household income calculation indicating household income at or below 50% Area Median Income
		☐ **Self-Declaration:** Veteran family asset form (**Exhibit O:** Asset Worksheet**)**
☐ **YES** ☐ **NO**	☐	**PENSION/RETIREMENT INCOME** ☐ **Written Third Party:** Copy of most recent payment statement OR benefit notice OR bank deposit statement OR other written "Verification of Income Form" (*Exhibit I* in Program Guide) ***-- OR --*** ☐ **Oral Third Party:** "Verification of Income Form" or other case file record of income information obtained by SSVF staff (*Exhibit I* in Program Guide) ***-- OR --*** ☐ **Self-Declaration:** Veteran family "Self-Declaration of Income" (*Exhibit K* in Program Guide) ***-- AND –*** ☐ Written explanation by SSVF staff of attempts to secure third party (written or oral) verification
☐ **YES** ☐ **NO**	☐	**UNEMPLOYMENT & DISABILITY INCOME** ☐ **Written Third Party:** Copy of most recent payment statement OR benefit notice OR bank deposit statement OR other written "Verification of Income Form" (*Exhibit I* in Program Guide) ***-- OR --*** ☐ **Oral Third Party:** "Verification of Income Form" or other case file record of income information obtained by SSVF staff (*Exhibit I* in Program Guide) ***-- OR --*** ☐ **Self-Declaration:** Veteran family "Self-Declaration of Income" form (*Exhibit K* in Program Guide) ***-- AND --*** ☐ Written explanation by SSVF staff of attempts to secure third party (written or oral) verification
☐ **YES** ☐ **NO**	☐	**TANF/PUBLIC ASSISTANCE** ☐ **Written Third Party:** Copy of most recent payment statement OR benefit notice OR bank deposit statement OR other written "Verification of Income Form" (*Exhibit I* in Program Guide) ***-- OR --*** ☐ **Oral Third Party:** "Verification of Income Form" or other case file record of income information obtained by SSVF staff (*Exhibit I* in Program Guide) ***-- OR --*** ☐ **Self-Declaration:** Veteran family "Self-Declaration of Income" form (*Exhibit K* in Program Guide) ***-- AND --*** ☐ Written explanation by SSVF staff of attempts to secure third party (written or oral) verification
☐ **YES** ☐ **NO**	☐	**ALIMONY, CHILD SUPPORT AND FOSTER CARE INCOME** ☐ **Written Third Party:** Copy of most recent payment statement OR benefit notice OR bank deposit statement OR other written "Verification of Income Form" (*Exhibit I* in Program Guide) ***-- OR --*** ☐ **Oral Third Party:** "Verification of Income Form" or other case file record of income information obtained by SSVF staff (*Exhibit I* in Program Guide) ***-- OR --*** ☐ **Self-Declaration:** Veteran family "Self-Declaration of Income" form (*Exhibit K* in Program Guide) ***-- AND --*** ☐ Written explanation by SSVF staff of attempts to secure third party (written or oral) verification
☐ **YES**	☐	**ARMED FORCES INCOME** ☐ **Written Third Party:** Copy of most recent paystub(s) OR other written "Verification of Income Form"

SSVF Documentation Checklist C3: Participant Recertification

(Use form for both Prevention and Rapid Re-housing)

Applicable ✔	In File ✔	**HOUSEHOLD INCOME –** Documentation of each identified source of current income for the household and documentation of household income calculation indicating household income at or below 50% Area Median Income
☐ **NO**		from employer (*Exhibit I* in Program Guide) ***-- OR --*** ☐ **Oral Third Party:** "Verification of Income Form" or other case file record of income information obtained by SSVF staff (*Exhibit I* in Program Guide) ***-- OR --*** ☐ **Self-Declaration:** Veteran family "Self-Declaration of Income" form (*Exhibit K* in Program Guide) ***-- AND --*** ☐ Written explanation by SSVF staff of attempts to secure third party (written or oral) verification
☐ **YES** ☐ **NO**	☐	**NO INCOME** ☐ **Self-Declaration:** Veteran family "Self-Declaration of Income" form (*Exhibit K* in Program Guide) **-- AND --** ☐ Brief, written explanation by SSVF staff for using self-declaration (e.g., "Veteran family reports no current income.")

	Other Housing Options and Resources ("But For" Conditions)
In File (Always Applicable) ☐	**NO OTHER RESIDENCE** ☐ **Self-Declaration:** Description of lack of other housing options as recorded on assessment form or other case file documentation (e.g., case notes) AND ☐ Brief, written description by SSVF staff indicating absence of appropriate and/or reasonable housing options sufficient to prevent or end homelessness
In File (Always Applicable) ☐	**NO RESOURCES OR SUPPORT NETWORKS** ☐ **Self-Declaration:** Description of lack of other financial resources and support networks as recorded on assessment form or other case file documentation (e.g., case notes) ☐ Self-declaration includes current bank account balance(s) [bank statements not required] ***-- AND (if applicable) --*** ☐ Assessment and documentation of other assets, *per SSVF grantee asset policy, indicating allowable amount* ***-- AND --*** ☐ Brief, written description by SSVF staff indicating absence of financial resources and support networks sufficient to prevent or end homelessness

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Exhibit C4: Comparison of SSVF and HPRP Requirements

On the following page is a comparison of SSVF and HPRP Requirements.

SSVF information drawn from Final Rule (http://edocket.access.gpo.gov/2010/pdf/2010-28407.pdf) , Program Guide (http://www.va.gov/HOMELESS/docs/SSVF_Program_Guide.pdf) , and FAQs (http://www.va.gov/HOMELESS/docs/SSVF/Master_SSVF_Grantee_Q_and_A_11152011.pdf).
HPRP information drawn from revised HPRP Notice (http://hudhre.info/documents/HPRP_NoticeRedline_6_08_09.pdf) , HPRP FAQs (http://hudhre.info/index.cfm?do=viewFaqs), and HUD's Eligibility Determination and Documentation Guidance (http://hudhre.info/documents/HPRP_EligibilityAndDocumentationGuidance.pdf).

	Supportive Services for Veteran Families (SSVF)	**Homelessness Prevention and Rapid Re-Housing (HPRP)**
PROGRAM PURPOSE		
	To promote housing stability among very low-income Veteran families who reside in or are transitioning to permanent housing. <Fed Reg 79089>	The purpose of HPRP is to provide homelessness prevention assistance to households who would otherwise become homeless—many due to the economic crisis—and to provide assistance to rapidly re-house persons who are homeless.
CLIENT ELIGIBILITY		
Veteran Status	The head of household or his/her spouse must be a Veteran, defined as a person who served in the active military, naval, or air service and who was discharged or released therefrom under conditions other than dishonorable. <Fed Reg 79088>	Not required.
Family Status	Single person or family <Fed Reg 79088> Note: the Veteran identifies the members of his/her household. A family may include persons who are not related by blood or marriage.	Not specified.
Eligibility Determination and Recertification	Initial eligibility determination; recertification required every 3 months. <Fed Reg 68986> In situations where there is a break in assistance, the household must be re-evaluated as if they were going through an initial determination of eligibility.	Initial consultation and eligibility determination required; recertification required every 3 months

	Supportive Services for Veteran Families (SSVF)	Homelessness Prevention and Rapid Re-Housing (HPRP)
Income	Income does not exceed 50% of current local Area Median Income or lower, grantee-set limits (per funding application). <Fed Reg 68980>	Income does not exceed 50% of current local Area Median Income
SSVF Categories of Permanent Housing Status	Households must be in one of the following 'permanent housing' categories: Category 1. Is residing in permanent housing OR Category 2. Is homeless and scheduled to become a resident of permanent housing within 90 days pending the location or development of housing suitable for permanent housing; OR Category 3. Has exited permanent housing within the previous 90 days to seek other housing that is responsive to the very low-income veteran family's needs and preferences. <Fed Reg 79090> Permanent Housing Categories are distinct from Housing Status in HMIS and are not recorded in HMIS. Grantees are responsible for tracking Permanent Housing Category for participants at entry and reporting this on a quarterly basis to VA.	Not Applicable.

	Supportive Services for Veteran Families (SSVF)	Homelessness Prevention and Rapid Re-Housing (HPRP)
HMIS Housing Status	HMIS Housing Status is distinct from SSVF Permanent Housing Category. Grantees must report housing status in HMIS only at entry and at exit, and these statuses can be different.	Persons applying for HPRP assistance must be in one of the following housing statuses as recorded in HMIS: 1. Literally homeless; 2. Imminently losing their housing; OR 3. Unstably housed and at risk of losing their housing. Grantees must report housing status in HMIS only at entry and at exit and these statuses can be different.
Risk for Homelessness ("But for this Assistance….") (Prevention)	"But for this assistance" is defined as the household having no appropriate subsequent housing options; no financial resources to obtain immediate housing or remain in current housing; and no support networks needed to obtain immediate housing or remain in existing housing. VA *strongly encourages* grantees to target Veteran families who would become or remain homeless *but for* SSVF assistance, but does not require the "but for" factor to be met.	"But for this assistance" is defined as the household having no appropriate subsequent housing options; no financial resources to obtain immediate housing or remain in current housing; and no support networks needed to obtain immediate housing or remain in existing housing. All grantees *must screen* to assure that "but for" HPRP assistance the household would become or remain homeless.
Other Target Populations (encouraged but not required)	The grantee should develop a formalized screening tool to assess the risk of homelessness and to prioritize veteran families most in need. Risk factors listed in the Program Guide can be used as indicators for risk of homelessness (for Category 1 households). The risk factors are identical to those listed by HUD for HPRP grantees.	Communities are encouraged to prioritize households for Prevention assistance based upon risk factors (listed in the HUD HPRP Notice) that have been identified by research and practice as associated with homelessness. Risk factors identified in the HPRP Notice are the same as the

	Supportive Services for Veteran Families (SSVF)	Homelessness Prevention and Rapid Re-Housing (HPRP)
Other Target Populations (encouraged but not required)	Grantees are encouraged to target prevention assistance to those Veteran households who are at the greatest risk of becoming homeless. SSVF goals and objectives include special population targets. **For programs funded in 2011, these priorities include:** • Veteran families with income less than 30% of AMI • Veterans with at least one dependent family member • Chronically homeless veteran families • Formerly chronically homeless veteran families <Fed Reg 79090> **For grantees funded in 2012, priorities include:** • Veteran families with incomes under 30% AMI • Veteran families with at least one dependent • Veterans returning from OEF, OIF, ONW (Iraq and Afghanistan) • Veteran families located in rural areas • Veteran families located on Indian Tribal Property	risk factors listed for SSVF.

ELIGIBLE ACTIVITIES - Supportive Services		
Outreach and engagement	Required. <Fed Reg 68983>	Not required.
Case management	Required. <Fed Reg 68983>	Not required.
Assistance in obtaining VA benefits	Required. <Fed Reg 68983> Vocational and rehabilitation counseling; Employment and training service; Educational assistance; Health care services	Not required.
Assistance in obtaining and coordinating other public benefits	Required.* <Fed Reg 68983> 1. Health care services; 2. Daily living services; 3. Personal financial planning services; 4. Transportation services 5. Income support services (TANF, disability benefits, etc.) 6. Fiduciary and representative payee services; 7. Legal services; 8. Child care services 9. Housing counseling services *with the exception of #1 and #2 above, the grantee may choose to directly provide any of these services (and if so, must comply with the same requirements as a third-party provider of such benefits).	Not required.
Optional services	Temporary Financial Assistance Other Supportive Services that are in accordance with the SSVF grant agreement or otherwise approved by VA.	All HPRP services are optional; grantees use HPRP funds for any of the following activities: financial assistance, housing relocation and stabilization services, data collection and evaluation, and administration costs.
Data Collection and Evaluation	Data collection and evaluation requirements are not a separate category of SSVF eligible activities.	Data Collection and Evaluation constitutes a separate category of eligible activities.

Client Housing Plan	Note: An individualized plan must be developed for all SSVF participants, by the case manager in partnership with the participant. The plan will establish a set of goals intended to address the participant's presenting housing crisis and promote housing stability. Goals should be actionable, timely and reasonable.	No similar requirements.
ELIGIBLE ACTIVITIES – Temporary Financial Assistance (types, duration or cost limits)		
General requirements	Not required. Availability varies by community. Where HPRP funds or other funds from community resources are not readily available, grantees may choose to utilize SSVF funds (subject to limitations in Notice and Final Rules) to provide temporary financial assistance. Payments can only be made to third parties. <Fed Reg 68983> Payments cannot be provided on behalf of participants for the same period of time and for the same cost types that are being provided through another Federal, State, or local program. <Fed Reg 68985> As a condition of temporary financial assistance, and as part of the housing stability plan, the grantee must help the participant develop a reasonable plan to address the participant's ability to meet future financial obligations directly related to obtaining and maintaining permanent housing, to promote housing stability once SSVF temporary financial assistance ends. <Fed Reg 68984>	Not required. No participant can receive more than 18 months of program assistance. Payments can only be made to third parties. Payments cannot be provided on behalf of participants for the same period of time and for the same cost types that are being provided through another Federal, State, or local program.

Rental Assistance	Not required. Availability varies by community. Rental assistance – including payment of months in arrears - may not exceed 8 months over a period of 3 years, or 5 months within a 12-month period. Rental assistance may also be used to pay rental arrears and the payment of penalties or fees incurred by a participant and required to be paid by the participant under an existing lease or court order. The grantee must determine the penalties or fees to be reasonable. <Fed Reg 68984-5>	Not required. Grantee determines the amount of short- and medium-term rental assistance; short-term rental assistance may not exceed rental costs accrued over a period of 3 months, and medium-term rental assistance may not exceed actual rental costs accrued over a period of 4 to 18 months. Rental assistance may also be used to pay up to 6 months of rental arrears for eligible program participants. Payment for arrears counts towards the 18 month maximum limit.
Utility Assistance	Not required. Availability varies by community. A participant may receive payments for utilities and/or utility arrears for a maximum of 4 months during a 3-year period, and for a maximum of 2 months in a 12-month period. <Fed Reg 68984-5>	Not required. HPRP funds may be used for up to 18 months of utility payments, including up to 6 months of utility payments in arrears, which counts towards the 18 month maximum limit.
Security and Utility Deposits	Not required. Availability varies by community. A participant may receive assistance with the payment of a security deposit a maximum of one time in every 3-year period. A participant may receive assistance with the payment of a utility deposit a maximum of one time in every 3-year period. Security and utility deposits covering the same	Not required. There is no limit on the number of uses while assistance is being provided.

	period of time in which assistance is being provided through another housing subsidy program are eligible, as long as they cover separate cost types. <Fed Reg 68985>	
Moving Costs	Not required. Availability varies by community. A participant may receive assistance with moving costs a maximum of one time in every 3-year period, such period beginning on the date the grantee pays moving costs on behalf of a participant. Moving costs assistance includes reasonable moving costs, such as truck rental, hiring a moving company, or short-term storage fees for a maximum of 3 months or until the participant is in permanent housing, whichever is shorter. <Fed Reg 68985> Grantee must document that costs were reasonable.	Not required. Moving cost assistance can include items such as truck rental, hiring a moving company, or short-term storage fees (for a maximum of 3 months or until the program participant is in housing, whichever is shorter). There is no limit on the number of uses while assistance is being provided. Grantee must document that costs were reasonable.
Emergency Supplies	Not required. Availability varies by community. A grantee may purchase emergency supplies for a participant on a temporary basis when necessary for health or safety. The costs for such emergency supplies shall not exceed $500 per participant during a 3-year period. <Fed Reg 68983-6, 78089>	Ineligible activity.
Transportation Costs	Not required. Availability varies by community. Provided if/when transportation would enhance housing stability. There is neither a financial nor a time limit on the amount of public transportation assistance. Public transportation must be determined to be insufficient before car repairs/maintenance or leasing costs can be paid.	Ineligible activity.

	Grantees may make reasonable payments for car repairs or maintenance, not to exceed $1,000 during a 3-year period. <Fed Reg 68983-6, 78089>	
Child Care Expenses	Not required. Availability varies by community. A grantee may make child care payments, not to exceed 4 months in a 12-year period if this would enhance housing stability. <Fed Reg 68983-6, 78089>	Ineligible activity.
Application Fees	Not required. Availability varies by community. A grantee may pay rental fees, which may include application fees that are charged to all tenant-applicants. <Fed Reg 68983-6, 78089>	Allowed.
Hotel/Motel Vouchers	Ineligible activity.	HPRP funds may be used for reasonable and appropriate motel and hotel vouchers for up to 30 days if no appropriate shelter beds are available and subsequent rental housing has been identified but is not immediately available for move-in by the program participants.
ELIGIBLE HOUSING UNITS		
Rent Reasonableness	The total rent charged for a unit must be reasonable in relation to the rents being charged during the same time period for units of comparable size, location and amenities in the private unassisted market and must not be in excess of rents being charged by the owner during the same time period for comparable non-luxury unassisted units. With respect to shared housing arrangements, the	Same as SSVF.

	rent charged for a participant must be in relation to the size of the private space for that participant in comparison to other private space in the shared unit, excluding common space. A participant may be assigned a pro rata portion based on the ratio derived by dividing the number of bedrooms in their private space by the number of bedrooms in the unit. Participation in shared housing arrangements must be voluntary. <Fed Reg 68985>	Shared housing arrangements not addressed in HPRP.
Lead-Based Paint Requirements	Not required.	Units build before 1978 and housing a family with a child under 6 or a pregnant woman who is receiving financial assistance must pass a lead-based paint "Visual Inspection." Upon failure of the visual inspection, the unit must undergo appropriate lead-based paint abatement.
Habitability Standards	Not required. Encouraged if a participant moves into different housing. Sample Habitability Form is same as HPRP.	In addition to compliance with all applicable state and local housing codes, licensing requirements, and any other requirements in the jurisdiction in which the housing is located regarding the condition of the structure and the operation of the housing or services, a unit receiving financial assistance must comply with the habitability standards as defined in the Notice.
Limitations on Use of Funds		
Administrative Funds Limitations	Maximum of 10% for costs identified in § 62.70 of the Final Rule. Includes direct and indirect costs of both grantee and subcontractors. <Fed Reg 68988>	Maximum of 5% of the total HPRP grant to grantee, and must be expended before 3-year expenditure deadline.
Rapid Re-Housing Assistance	Grantees must use between 60 and 75% of supportive services funds to provide Rapid Re-	No similar requirements. Grantee

	Housing assistance to homeless Veteran families and Veteran families who have exited permanent housing to seek other suitable housing (Permanent Housing categories 2 and 3, above).	must follow Substantial Amendment made to Consolidated Plan for HPRP or modify the Plan.
Prevention Assistance	Grantees must use between 20 and 35% of supportive services funds to provide Prevention assistance to veteran families at risk of loss of permanent housing (Permanent Housing category 1, above).	No similar requirements. Grantee must follow Substantial Amendment made to Consolidated Plan for HPRP or modify the Plan.
Temporary Financial Assistance Limitations	Grantees may utilize a maximum of 30% of supportive services funds to provide temporary financial assistance. <Fed Reg 79088-9>	No similar requirements. Grantee must follow Substantial Amendment made to Consolidated Plan for HPRP or modify the Plan.
CASE CLOSING		
Termination of Assistance to household	A grantee may establish reasonable requirements unique to their program but the requirements must be clearly communicated (in writing) to all participants and a copy provided to VA. If participant violates program requirements, supportive services may be stopped—although the services can later be resumed (see below). In terminating assistance, the grantee must provide a formal due process, including written notice to the participant about reasons for termination; review of the decision in which the participant is given the opportunity to present written or oral objections before a grantee's staff member other than the staff member (or a subordinate of that staff member) who made or approved the termination decision; and prompt written notice of the final decision to the participant.	Same as SSVF.
Continuation of Services	If a participant in Housing Category 2 does not	No similar requirements/limitations.

Continuation of Services	become a resident of permanent housing within the originally scheduled 90-day period, the grantee may continue to provide supportive services to a participant for such time that the participant continues to meet requirements of Category 2, above. If a Veteran becomes absent from a household or dies while other members of the veteran family are receiving supportive services, then such supportive services must continue for a grace period following the absence or death of the Veteran. The grantee must establish a reasonable grace period for continued participation by the Veteran's family member(s), but that period may not exceed 1 year from the date of absence or death of the Veteran. If a participant becomes ineligible to receive supportive services during the recertification process, the grantee must provide the participant with information on other available programs or resources. <Fed Reg 68986> Grantees may resume assistance to a participant whose assistance was previously suspended or who exited the program before receiving the maximum amount or duration of services. The household must be re-evaluated as if they were going through an initial consultation.	Grantees have the discretion to decide whether to allow participants who have been terminated for non-compliance to re-apply for assistance, and if so, the timeline for re-application.
Limitations on Services	A grantee may provide supportive services to a participant classified under Housing Status 3 until the earlier of the following dates: • The participant commences receipt of other housing services adequate to meet the	No similar requirements/limitations.

	participant's needs; or • Ninety days from the date the participant exits permanent housing. <Fed Reg 68986>	
DATA COLLECTION AND REPORTING REQUIREMENTS		
HMIS	Data collection and entry into HMIS is required. However, providers of domestic violence services are prohibited from entering client information into HMIS. Grantees will be required to export client-level data for activities funded by the SSVF Program to VA on a regular basis. <Fed Reg 79090>	Data collection and entry into HMIS or comparable client-level database required. Providers of domestic violence services are prohibited from entering client information into HMIS.
Grant Disbursement	HHS Payment Management System (HHS PMS) <Fed Reg 79090>	Housing and Urban Development Integrated Disbursement and Information System (IDIS)
Reporting	Monthly and quarterly reporting required. <Fed Reg 79090>	Quarterly and annual reporting required.
Evaluation	Grantees must provide participants with satisfaction surveys to be submitted directly from participant to VA within 45 to 60 days of the participant's entry into the grantee's program and again within 30 days of such participant's pending exit from the grantee's program. <Fed Reg 68986>	Grantee participation in HUD-sponsored evaluation of HPRP is required if requested by HUD.

Exhibits Section D: HMIS Guidance

Exhibit D1: Required SSVF HMIS Data Elements

HUD #	Universal Data Elements	Subjects	Collect at Entry	Collect at Exit	Collect at 90 days
3.1	Name	All Persons in the Household	X		
3.2	Social Security Number	All Persons in the Household	X		
3.3	Date of Birth	All Persons in the Household	X		
3.4	Race	All Persons in the Household	X		
3.5	Ethnicity	All Persons in the Household	X		
3.6	Gender	All Persons in the Household	X		
3.7	Veteran Status	All Adults in Household	X		
3.8	Disabling Condition	All Persons in the Household	X		
3.9	Residence Prior to Program Entry	All Adults in Household and Unaccompanied Youth	X		
3.9a	Length of Stay in Previous Place	All Adults in Household and Unaccompanied Youth	X		
3.10	Zip Code of Last Permanent Address	All Adults in Household and Unaccompanied Youth	X		
3.11	Housing Status	All Persons in the Household	X	X	
3.12	Program Entry Date	All Persons in the Household	X		
3.13	Program Exit Date	All Persons in the Household		X	
3.14	Unique Person Identification Number	All Persons in the Household – System Generated	X		
3.15	Household Identification Number	All Persons in the Household – System Generated	X		
4.1	Source and Amount of Income	All Persons in the Household	X	X	
4.1a	Income Received in Last 30 Days	All Persons in the Household	X	X	
4.2	Non-Cash Benefits	All Persons in the Household	X	X	
4.2a	Non-Cash Benefits Received in Last 30 Days	All Persons in the Household	X	X	
4.10	Destination	All Persons in the Household		X	
4.13	Financial Assistance Provided[8]	All Persons in the Household	X (or when assistance provided)	X	X
4.14	Housing Relocation & Stabilization Services Provided[9]	All Persons in the Household	X (or when assistance provided)	X	X

[8] Rent Assistance should be tracked in HMIS as “Rent”; Utility Assistance should be tracked in HMIS as either “Utility deposit” or “Utility payment”; Moving Expenses should be tracked in HMIS as “Moving cost assistance”

[9] Outreach Services should be tracked in HMIS as “Outreach and engagement”; Case Management Services should be tracked in HMIS as “Case management”; Assistance in Obtaining VA Benefits and Assistance in Obtaining Other Public Benefits should both be tracked as “case management” in HMIS.

Exhibit D2: SSVF Data Collection Guide - VA HMIS Training Tool

The VA HMIS Training Tool is located on the SSVF Website.

http://www.va.gov/homeless/ssvf_grantee_resources.asp

Exhibits Section E: Miscellaneous

Exhibit E1: Coordination of SSVF and Transition in Place (TIP) Housing Programs

Transitional Housing (TH) programs in communities vary in their methods of providing housing support to their participants. TH programs can be facility-based or voucher beds. Voucher TH programs can either have the lease held by the agency administering the TH program or the TH participant. This guidance pertains to TH programs know as transition in place (TIP) where the lease is held by the participant in the TH program.

Transition in Place (TIP) programs are to be considered permanent housing programs for the SSVF program when the Veteran family maintains an independent lease with a landlord and offers the lease rights to the unit throughout the TIP program enrollment and conclusion without exception. TIP programs that require program involvement and/or completion as a condition for an independent lease, should be considered a transitional housing program.

Enrollment guidance

Prevention Services
Veteran families who are currently in a TIP program as described above may qualify for SSVF Prevention services, if they meet all other SSVF program criteria.

Rapid Re-Housing Services
Veteran families who are currently in a TIP program as described above do not qualify for SSVF Rapid Re-Housing services.

On-Going SSVF Assistance and Services

If a Veteran family enters a TIP program or is otherwise receiving assistance from a TIP program, as described above, during their tenure with SSVF the grantee must determine if the supportive services offered by the TIP program to the Veteran family are duplicative of the current SSVF services.

> *Example:* TIP program that includes case management as part of their program model would be duplicative and the Veteran family would begin the process of being exited from the SSVF caseload.
>
> *Example:* TIP program that provides housing subsidy support and/or supportive services that are different than the SSVF grantee may be able to remain in the SSVF program if they continue to meet all other eligibility criteria.

SSVF Termination Categorization

Veteran families, who are discharged to a TIP program, as described above, should have their destination categorized as either:

- Rental by client, no ongoing subsidy
- Rental by client, other ongoing subsidy

Veteran families who are discharged to all other transitional housing programs should have their destination categorized as:

- Transitional housing for homeless persons

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Exhibit E2: Collaborative Delivery of GPD/HUD-VASH/SSVF Services

A. Background:
The VA has a variety of resources available to serve homeless Veterans. These resources must be deployed in an efficient and coordinated manner if the VA is to reach its goal of ending homelessness among Veterans by 2015. Housing First is the guiding approach to the delivery of these services, so it is critical that program resources are employed as supports to housing placement, not barriers. The ability of program staff to screen and assess effectively, will allow Veterans to access the intervention appropriate to their needs.

B. Housing Resources:
This guidance addresses three VA specialized homeless programs: Grant and Per Diem (GPD), HUD-VA Supportive Housing (HUD-VASH), and Supportive Services for Veteran Families (SSVF). In general, these programs act along a continuum of care where each program places Veterans into permanent housing without drawing on resources from each other. The ability of these programs to function as designed allows resources to be made available for more Veterans. This efficiency increases the likelihood that the VA can end homelessness among Veterans. However, due to the high barriers faced by some homeless Veterans, program collaboration is at times necessary to end a Veteran's homelessness. The requirements for such collaboration are as follows.

1) For SSVF Temporary Financial Assistance (TFA) for HUD-VASH or GPD, participants must at a minimum meet all of the following criteria.
    i) Veteran referred by HUD-VASH must be chronically homeless.
    ii) Veteran household must have an AMI of less than 30 percent.
    iii) GPD participant must be a resident of a GPD program for no longer than 30 days prior to referral to SSVF.
    iv) HUD-VASH participant must be referred prior to housing placement.
    v) If a HUD-VASH referral is for a current resident in arrears,
        (1) The Veteran must have a fiduciary or representative payee who can insure that over the intermediate term, rent will be paid.
        (2) The fiduciary or representative payee arrangement should continue until the Veteran meets agreed upon targets demonstrating their ability to resume control over their finances.
        (3) A clear plan must be developed by the HUD-VASH case worker, working in coordination with the SSVF grantee, that will lead to a path of sustainability for the Veteran in their current housing. This may include money management classes, treatment for SUDs, credit counseling, resolution of outstanding legal issues, and other appropriate interventions.

2) An appropriate collaboration with a SSVF grantee may include the delivery non-TFA services when such services are not available to GPD or HUD-VASH participants. In such instances, the lack of community resources should be clearly documented as well as their necessity to support housing stability. Some examples may include
    i) SSVF legal services,
    ii) Targeted case management services for non-Veteran family members.

3) Exceptions can only be requested in writing by the VA HUD-VASH or GPD program lead through the appropriate VA Network Homeless Coordinator to the SSVF grantee where assistance is being requested. Requests must clearly describe efforts to seek alternative assistance. These efforts need to demonstrate that no practical alternatives exist to SSVF and without assistance homelessness shall result for the referred Veteran household.