**Supportive Services for Veteran Families (SSVF) Program**

**Emergency Housing Assistance Verification**

The goal of **emergency housing assistance (EHA)** is to ensure household safety in the case where appropriate Health Care for Homeless Veterans (HCHV) Contracted Residential Service (CRS), community or Grant & Per Diem (GPD) options are not available or when the specific clinical needs of a Veteran household require hotel/motel EH and no such hotel/motel option exists other than SSVF EH (see criteria 1 below) and the household is seeking permanent housing or subsequent rental housing has been identified generally (see criteria below) but is not immediately available for move-in by the participant. Emergency housing is temporary housing provided under 38 CFR 62.34(f) in a short-term commercial residence (private residences are not eligible) not already fundedto provide emergency shelter and which does not require the participant to sign a lease or occupancy agreement. EHA allows the provision of up to 60 days of temporary housing for participant households. EHA costs cannot exceed thereasonable community standard for such housing (i.e., cost of hotel must be similar to other basic hotel accommodations available in the community). A participant household may be placed in emergency housing only once during any 2-year period, beginning on the date that the grantee first pays for emergency housing on behalf of the participant.

**Criteria Defined**

1. *Shelter beds, transitional housing, or other resource are not available* Emergency Housing Assistance (EHA) should be used only when appropriate HCHV, CRS, community, or GPD options are not available or when the specific clinical needs of a Veteran household require hotel/motel EH and no such hotel/motel option exists other than SSVF EH. Some examples of this clinical need may include keeping families together when community-based family shelter options do not exist in the community, or if a chronically or long-term homeless Veteran with well-established resistance to program involvement is willing to accept EH. Veterans may be enrolled in SSVF for housing services even if SSVF is not providing the EH resources. SSVF EH is for those Veteran households seeking permanent housing (PH). Veterans enrolled in SSVF must have active case management that includes planning for PH placement designed to make the stay EH as brief as possible while ensuring the immediate and ongoing safety of the Veteran household.
2. *Identified Generally* means that Veterans entered into EHA are immediately provided services focused on obtaining permanent housing. This does not mean a unit must be identified; however, grantees must ensure a pathway toward housing, and services to support that pathway, are in place for Veterans entering EHA. No EHA will be available beyond the 60-day limit regardless of whether the Veteran family chooses to obtain that permanent housing within the limited timeframe.

**SSVF Participant Certification**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certify to the following conditions (check all that apply):**

 (Print name)

[ ]  My household has no viable option for shelter tonight and our only choice is to sleep in a place not meant for human habitation (e.g., car, street).

[ ]  I have exhausted all other temporary housing options including HCHV, CRS, community, or GPD options are not available *or other resource available* (e.g., staying with family or friends) and have no other resources available to me to pay for temporary or permanent housing tonight.

[ ]  I understand the emergency housing is only available for up to 60 days.

Head of Household Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SSVF Staff Certification**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certify to the following conditions (check boxes):**

 (Print name)

All other shelter options and housing resources have been explored and are not available or not clinically appropriate.

*Description of attempts at other shelter options/housing resources and explanation of why EHA is the only available resource for shelter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 The cost of the temporary emergency housing is reasonable for the community standard.

 *Description of how staff confirmed cost of EHA was reasonable (e.g., called area hotels for quotes): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Veterans enrolled has active case management that includes planning for PH placement designed to make the stay EH as brief as possible while ensuring the immediate and ongoing safety of the Veteran household. A pathway toward housing, and services to support that pathway, are in place for the Veteran entering EHA.

**I certify that this EHA is a pathway to move from emergency housing into permanent housing based on the following:** *(List all considerations made when approving this EHA request and any relevant written evidence to support these considerations. Written evidence should be maintained in the client file.)*

|  |  |
| --- | --- |
| 1. | **Reasoning** *(e.g., client has pathway to permanent housing)***:** |
| **Written evidence** *(e.g., services or activities to support PH placement)***:** |
| 2. | **Reasoning:** |
| **Written evidence:** |
| 3. | **Reasoning:** |
| **Written evidence:** |

SSVF Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SSVF Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be Filled Out Following Completion of EHA Payment Period**

Date Household Entered Emergency Housing: / /20\_\_

Date Household Exited Emergency Housing: / /20\_\_

Total Number of Days of EHA Assistance: \_\_\_\_\_\_\_\_\_\_ Days

Did the household move directly from Emergency Housing to Permanent Housing?  **Yes No**

***If permanent housing was not obtained, attach a separate sheet detailing the reasons and circumstances that prevented permanent housing from being obtained.***