**SSVF Emergency Housing Assistance Referral – COVID-19 Risk**

**Background**

The goal of **Emergency Housing Assistance (EHA)** is to provide temporary housing (motels and hotels) to ensure household safety in the case where *shelter beds, transitional housing, or other resources are not available*, and subsequent rental housing has been *identified generally* but is not immediately available for move-in by the participant. EHA is temporary housing provided under 38 CFR 62.34(f) in a short-term commercial residence not already fundedto provide emergency shelter and which does not require the participant to sign a lease or occupancy agreement.

**EHA COVID-19 Response**

In response to the COVID-19 crisis, SSVF has modified the guidance provided to grantees around temporary housing placements. SSVF grantees can place enrolled SSVF program participants using EHA while working towards a permanent housing placement. Grantees have been informed that EHA is allowed even if other temporary housing options are available if those living situations would place Veterans at risk for COVID-19. SSVF grantees should follow local public health protocols to address safety and care coordination for the Veterans who are COVID-19 positive. Grantees are not allowed to provide direct medical care, that may be needed for COVID-19 positive Veterans.

The SSVF grantee’s ability to provide EHA may be limited by funding, staffing, or lack of local resources. It is critical that VA medical centers and community stakeholders actively engage area SSVF grantees to understand available capacity and work collaboratively to prioritize referrals for EHA placements. Priority should be given to high-risk Veterans, which include Veterans 60 or older or Veterans with significant underlying health problems that put them at higher risk if exposed to COVID-19. Communities must work together to determine how best to prioritize Veterans who are at higher risk. If the Veteran is co-enrolled with HUD VASH, GPD, and SSVF, decisions must be made concerning follow up, frequency of follow-up, and responsibility for the permanent housing plan.

# Basic Eligibility Verification Form

Veteran Name:       Veteran Date of Birth:

Veteran Contact Information:       Veteran Annual Income $

[ ]  Yes, this individual is a Veteran eligible for SSVF assistance and has a discharge status that is not Dishonorable or Bad Conduct by general court-martial. (Include documentation)

[ ]  Yes, this Veteran is literally homeless.

[ ]  Yes, this Veteran household has an annual income not exceeding 50 percent of AMI, as documented in the Referral Form [Current AMI Limits can be found here](http://www.huduser.org/portal/datasets/il.html). (Include documentation, e.g., self-certification from Veteran is acceptable, if no other documentation available)

[ ]  Yes, the Veteran has given verbal consent for SSVF grantee to enter information into HMIS.

Referring Staff Name:       Date:

Referring Staff Title:       Referring Contact Email:

Referring Staff Phone Number:

Referring Staff Signature (electronic signatures are accepted):