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

**Program Exit Checklist**

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. VA understands that every household exit is different; however, SSVF grantees must utilize this checklist to review whether the appropriate exit steps are carried out once it is determined a household is going to be exited. This form is not meant to assess if a household is ready to be exited; it is a checklist used during the exit process to confirm that the household has been provided appropriate services/referrals as they leave the program.

**Veteran Identifier:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Entry/Exit:** \_\_\_\_­\_\_\_\_ /\_\_\_\_\_\_\_\_

***Complete when exit determination has been made:***

|  |  |
| --- | --- |
| **Exit Overview – All Clients Regardless of Housing Status/Exit Type** | |
| Yes  No  Unknown | Household is residing in permanent housing. |
| Yes  No | Client is still in contact with SSVF Program. |
| Yes  No  N/A | Household has resources/supports to sustain housing on current income, if applicable. |
| Yes  No | A final Housing Stability Plan and goals have been reviewed with household. |
| Yes  No | A final budget has been reviewed with household. |
| Yes  No | Housing counseling elements that contribute to stability have been reviewed with client (e.g. lease requirements, home maintenance, tenant-landlord relationship techniques, etc.) |
| Yes  No  N/A | Contact has been made with the landlord to verify household has no current lease violations, rental arrears due, or other serious complaints. |
| Yes  No | Last referrals have been made to connect household to community agencies or resources (e.g. VA medical care, HUD-VASH, PHA, Continuum of Care, Cash Benefits, etc.) |
| Yes  No | Household has been informed they can reach back out to SSVF in the future if needs arise. |
| Yes  No | Household agrees they are ready to be exited from SSVF. |

|  |  |
| --- | --- |
| **Exited for Other Reasons**  **\*To be completed in addition to Exit Overview above** | |
| Yes  No  N/A | Case manager has completed steps required by agency policy for these households:   * For nonresponsive households, case manager has attempted contact the specific numbers of times and channels as required by the grantee’s policies and procedures. * For households not compliant with SSVF Program Requirements or Program Rules, case manager has followed agency policy for discharging households who committed an offense which resulted in a program exit, or otherwise refused to provide basic eligibility information. * Other reasons: relocated, reunited with family, jail, change in program eligibility status, etc. |

**Exit Summary:**

**I confirm, to the best of my knowledge, that the above information is correct.**

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

***To be completed at household exit:***

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| **Exit Requirements for all Households** |
| Household has been informed in writing of their exit from SSVF, if whereabouts are known. |
| Household has been registered for, and informed about, the VA exit survey, if whereabouts are known, OR multiple  attempts made to contact. |
| Household has been exited from HMIS. |

**I confirm, to the best of my knowledge, that the above requirements have been completed.**

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