

Supportive Services for Veteran Families (SSVF) Referral Form

Date:	Referred By (Staff Name and Title):
Referral Agency/Program Name: Volunteers of America of Indiana (SSVF)	Staff Phone and Email:

Veteran Information

Name:	
Date of Birth:	Gender:
Phone:	Email:
HMIS (Homeless Management Information System) Client ID #, if available:	

This person served in the active military, naval, or air service, and was discharged or released under conditions other than dishonorable. Yes No (ineligible for SSVF)

Housing Status

Where does the applicant currently sleep? (please check one)

- | | |
|--|---|
| <input type="checkbox"/> Owned by client, no housing subsidy | <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher |
| <input type="checkbox"/> Owned by client, with housing subsidy | <input type="checkbox"/> Hospital (non-psychiatric) |
| <input type="checkbox"/> Permanent housing for formerly homeless persons (e.g., SHP, S+C, SRO) | <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher |
| <input type="checkbox"/> Rental by client, no housing subsidy | <input type="checkbox"/> Jail, prison, or juvenile detention facility |
| <input type="checkbox"/> Rental by client, with VASH housing subsidy | <input type="checkbox"/> Place not meant for human habitation inclusive of 'non-housing service site (outreach program only)' |
| <input type="checkbox"/> Rental by client, with other (non-VASH) housing subsidy | <input type="checkbox"/> Psychiatric hospital or other psychiatric facility |
| <input type="checkbox"/> Staying or living in a family member's room, apartment, or house | <input type="checkbox"/> Safe Haven |
| <input type="checkbox"/> Staying or living in a friend's room, apartment, or house | <input type="checkbox"/> Substance abuse treatment facility |
| <input type="checkbox"/> Shared housing, with housing subsidy | <input type="checkbox"/> Transitional housing |
| <input type="checkbox"/> Shared housing, no housing subsidy | |

Shelter Program or Motel Name, if applicable:
Current Address, City and Zip Code:
Length of stay (how long lived at this address):

Has the household received any of the following within the past 30 days?

Fax: or email: JFreyberger@voain.org

Volunteers of America -Indiana

3-Day Notice Date: _____

Eviction Date: _____

Unlawful Detainer Date: _____

Foreclosure Date: _____

Household Composition

Name	Relationship to Veteran	Gender	Date of Birth
(Veteran)	Self		

Financial Information

Previously applied for and/or received SSVF assistance?

Yes

No

Currently receiving VA benefits and/or services?

Yes

No

Currently employed?

Yes

No

Currently in a training program?

Yes

No

Monthly Income

Source:	Amount:
Source:	Amount:
Source:	Amount:
Source:	Amount:

Other relevant information Volunteers of America-Indiana should know:

Attachments, if available:

Verification of Veteran status (DD214 or statement that the Veteran is eligible for services along with a VISTA printout)

Eviction notice/ three day pay or quit notice, if seeking arrears assistance