The Supportive Services for Veteran Families (SSVF) aims to provide veteran families who are homeless or at-risk of homelessness services to assist in stabilizing them in permanent housing. An eligible veteran will be assigned a case manager who will work with the family to develop a housing stability plan. All potential clients will be required to participate with SSVF case management services in order to rapidly transition into long term housing stability. The Case Manager will support clients in their process to locate and secure safe, permanent and affordable housing for households identified as homeless or in need of a more affordable housing unit. The SSVF Case Manager will also assists clients with identifying and pursuing opportunities to either increase their income or remove barriers to maintaining permanent affordable housing. Additionally, all participants will to need develop a plan to maintain their housing stability after the program services have ended.

**Requirements for referral:**

* Be a USA Veteran as defined below.
* Veteran who is a single person, or
* Family in which the head of household, or the spouse of the head of household, is a Veteran
* Income must be 40% or below the Area Median Income (AMI) for vets who are currently and literally homeless or below 25% AMI for prevention services.
* Current resident of these counties: Forsyth, Stokes, Guilford, Davie, Davidson, Surry and Yadkin
* The Veteran and their family must either be literally homeless or at-risk of becoming homeless. For those who are at-risk of becoming homeless an additional screening by program staff will be conducted to evaluate the households’ situation against our prevention targeting criteria.
* Have **NO** other housing options, **or limited** financial resources or support networks to obtain or remain in housing.

**For Purposes of SSVF Assistance Eligibility a Veteran is a person who has served in the active military, naval, or air services, and who was discharged or released under conditions other than dishonorable or bad conduct under general court martial. A Reservist must have served active duty time.**

The appropriate candidate for this program will be motivated to obtain and maintain permanent housing. In addition, he/she will work with their case manager to develop plans for how they can increase their income and become self-sufficient.

**We request that all referring agencies continue providing their current services, as we only focus on housing issues.**

**All referrals should be mailed or faxed to:**

Attn: Rosa Carvajal

The Prosperity Center

508 Waughtown Street

Winston Salem, NC 27105

Fax: (336) 761-1461**AGENCY INFORMATION**

Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VETERAN INFORMATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ M/F: \_\_\_\_\_\_\_

Service Connected: \_\_\_\_\_\_\_ Discharge Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DD-214: \_\_\_\_\_\_ VASH: \_\_\_\_\_\_\_\_\_\_\_\_ Enrollment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Housed: \_\_\_\_\_ Shelter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Household Size: \_\_\_\_\_\_ Total Income: \_\_\_\_\_\_\_\_\_\_ Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

House/Apt.: \_\_\_\_\_\_\_\_\_ Rent. Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_ # of Bedrooms: \_\_\_\_

**Additional Comments:**

My signature verifies to the best of my knowledge this person meets the eligibility criteria as stated on the cover of this document. The client has been advised eligibility will be verified by an SSVF staff member. In addition, the client has been advised documents required if an intake is scheduled:

*DD-214, Photo ID(‘s), Social Security Card(s), Birth Certificates (minor children), Proof of Custody, Income and Asset Documentation, Documentation of non-cash benefits (food stamps, Medicaid, Medicare, VA Admin, Medical Services, etc.),Verification of Situation and outstanding bill statements.*

**We request that all referring agencies continue providing their current services, as we only focus on housing issues.**

Person Referring/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Print Signature/Title/Date**

My signature below is confirmation that the information contained in this referral is true and accurate to the best of my knowledge. And further, I give my consent, to allow the above mentioned referral source to speak with the staff from the SSVF program and share information with each other so as to facilitate my application in the program, and further if I am accepted into the program that they may continue to communicate with each other in order to facilitate my achievement of the goals outlined in the SSVF case plan. I understand that this referral is only an application for the program and does not guarantee me a space in the SSVF program. If I am eligible and accepted into the program I will receive a separate confirmation of that from the SSVF staff.

**Client Signature/Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_