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Supportive Services for Veteran Families (SSVF) Services Referral Form

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| --- | --- |
| Date:  | Referred By (Case Manager): |
| Referral Agency/Program Name: | Case Manager Phone and Email: |

**Veteran Information**

|  |
| --- |
| Name:  |
| Date of Birth: | Gender: |
| Phone: | Email: |
| SLO CountyHMIS Client ID #, if available:  |

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

**Housing Status**

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

🞏Owned by client, no housing subsidy

🞏 Owned by client, with housing subsidy

🞏Permanent housing for formerly homeless

persons

🞏 Rental by client, no housing subsidy

🞏 Rental by client, with VASH housing subsidy

🞏 Rental by client, with other (non-VASH)

housing subsidy

🞏 Staying or living in a family member’s room,

apartment, or house

🞏 Staying or living in a friend’s room,

apartment, or house

🞏 Shared housing, with housing subsidy

🞏 Shared housing, no housing subsidy

🞏 Emergency shelter, including hotel or motel

paid for with emergency shelter voucher

🞏 Hospital (non-psychiatric)

🞏 Hotel or motel paid for without emergency

shelter voucher

🞏 Jail, prison, or juvenile detention facility

🞏 Place not meant for human habitation

inclusive of ‘non-housing service site (outreach program only)’

🞏 Psychiatric facility

🞏 Safe Haven

🞏 Substance abuse treatment facility

🞏 Transitional housing

**Household Composition**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Relationship to Veteran** | **Gender** | **Date of Birth** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**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

|  |
| --- |
| **Monthly Income** |
| Source: | Amount: |
| Source: | Amount: |
| Source: | Amount: |
| Source: | Amount: |

**Other relevant information:**

To determine if the household meets the AMI requirement, locate the total number of household members in the top row and follow the column down to see if the total household income falls below the Area Median Income (50% Income Limit). Please indicate if the household falls below 30% or 50% AMI by circling the corresponding income limit box.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Total Household Members | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 50% Income Limit | $31,500 | $36,000 | $40,500 | $44,950 | $48,550 | $52,150 | $55,750 | $59,350 |
| 30% Income Limit | $18,900 | $21,600 | $24,300 | $26,950 | $30,170 | $34,590 | $39,010 | $43,430 |
|  |

**Authorization:**

I hereby give my permission that the information contained on this form may be shared with the following SSVF agencies: Community Action Partnership San Luis Obispo County (CAPSLO), People Assisting the Homeless (PATH), Good Samaritan Shelter (Good Sam), 5Cities Homeless Coalition (5CHC).

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Veteran’s Signature Date