



Supportive Services for Veteran Families (SSVF) Program

STAFF RE-CERTIFICATION OF ELIGIBILITY FOR SSVF ASSISTANCE

Purpose: This form serves as documentation that: (1) the SSVF participant named below meets all eligibility criteria for SSVF assistance; (2) this eligibility determination is based on true and complete information; (3) neither the staff member making this determination nor his or her supervisor are related to the program participant through family, business or other personal ties; and (4) this eligibility determination has not resulted from, nor will result in, any financial benefit to the staff member making this determination, his or her supervisor, or anyone related to them.

Instructions: This form must be completed for each SSVF participant upon the recertification of his or her eligibility for SSVF assistance. This form must be signed and dated by the SSVF staff person who makes this determination and that person's supervisor and must be kept in the participant's case file. This form will remain valid, unless a different staff person re-determines the SSVF participant's eligibility, in which case a new form will be required.

Name of SSVF participant:
Names of family members in household*:

**All family members in household that will benefit from SSVF assistance should be listed.*

Required certifications: Each person signing below certifies to the following: (1) To the best of my knowledge, the SSVF participant named above meets all requirements recertification under the Supportive Services for Veteran Families (SSVF) Program. (2) To the best of my knowledge and ability, all of the information used in making this eligibility determination is true and complete. (3) I am not related to the SSVF participant through family, business or other personal ties. (4) To the best of my knowledge, neither I nor anyone related to me has received or will receive any financial benefit for this eligibility determination. (5) I understand that fraud is investigated by the Department of Veterans Affairs, Office of Inspector General, and may be punished under Federal laws to include, but not limited to, 18 U.S.C. 1001 and 18 U.S.C. 641. (6) I understand that if any of these recertification is found to be false, I will be subject to criminal, civil and administrative penalties and sanctions.

SSVF Staff Signature: _____ Date: _____

SSVF Supervisor Signature: _____ Date: _____