

Supportive Services for Veteran Families (SSVF) Program Emergency Housing Assistance Verification For Single Veteran Households

The goal of **emergency housing assistance (EHA)** is to ensure household safety in the case where *shelter beds, transitional housing, or other resources are not available* (see criteria 1 below) and subsequent rental housing has been *identified generally* (see criteria below) but is not immediately available for move-in by the participant (see criteria 2 below). Emergency housing is temporary housing provided under 38 CFR 62.34(f) in a short-term commercial residence (private residences are not eligible) not already funded to provide emergency shelter and which does not require the participant to sign a lease or occupancy agreement. For single Veteran participant households, EHA allows the provision of up to *72 hours* of EHA. EHA costs cannot exceed the reasonable community standard for such housing (i.e., cost of hotel must be similar to other basic hotel accommodations available in the community). A participant household may be placed in emergency housing only once during any 2-year period, beginning on the date that the grantee first pays for emergency housing on behalf of the participant.

Criteria Defined

1. *Shelter beds, transitional housing, or other resource are not available* means that the household is either not eligible for or has exhausted all other available emergency shelter, transitional housing, and other temporary housing (e.g., family/friends), and no other resource is available (personal or from other assistance programs) to pay for temporary or permanent housing tonight. This also means that no shelter or other resource is available at any point while EHA is provided by SSVF.
2. *Identified Generally* means a permanent housing unit(s) has been reviewed by SSVF program staff and the Veteran, and at least one permanent housing unit is a viable option for the household. EHA can only be used if the identified unit is not immediate available for move-in, but will be available before the end of the period during which the participant is placed in emergency housing which should not exceed 72 hours (a signed lease is not required prior to placement in permanent housing). No EHA will be available beyond the 72 hour limit unless the grantee can certify that appropriate shelter beds and transitional housing are still unavailable at the end of the 72 hour period. In the rare circumstance that EHA is extended, certification of continued assistance must be documented per requirements outlined in this form.

Due to the time-limitation on this category, SSVF staff and Veteran families need to work together closely in order to ensure housing is obtained prior to the end of EHA.

SSVF Participant Certification

I, _____ **certify to the following conditions (check all that apply):**
(Print name)

- I have no viable option for shelter tonight and my only choice is to sleep in a place not meant for human habitation (e.g., car, street).
- I have exhausted all other temporary housing options including Grant and Per Diem (GPD) residences, Health Care for Homeless Veterans (HCHV) residential programs, staying with family and friends, emergency shelters, etc. and have no other resources available to me to pay for temporary or permanent housing tonight.
- I understand the emergency housing assistance is only available for up to 72 hours.

Head of Household Signature: _____

Date: _____

SSVF Staff Certification

I, _____ certify to the following conditions (check boxes):
 (Print name)

- All other shelter options and housing resources have been explored and are not available.
Description of attempts at other shelter options/housing resources, including GPD and HCHV, and explanation of why EHA is the only available resource for shelter: _____

- The cost of the temporary emergency housing is reasonable for the community standard.
Description of how staff confirmed cost of EHA was reasonable (e.g., called area hotels for quotes): _____

- Permanent Housing has been identified generally, as defined above.

I certify that this EHA will allow for this household to move from emergency housing into permanent housing based on the following: *(List all considerations made when approving this EHA request and any relevant written evidence to support these considerations. Written evidence should be maintained in the client file.)*

1.	Reasoning (e.g., client has acceptance letter from apartment complex): ----- Written evidence (e.g., letter in the file):
2.	Reasoning: ----- Written evidence:
3.	Reasoning: ----- Written evidence:

SSVF Staff Signature: _____ Date: _____

SSVF Supervisor Signature: _____ Date: _____

Does the single Veteran household require additional assistance beyond the 72 hour EHA limitation?

- Yes (Complete certification on this page)
- No (Complete final completion box on Page 4)

SSVF Staff Certification of Additional EHA Assistance

If it is necessary to extend EHA beyond the 72 hour limit, the additional certification below must be completed. This cannot be completed prior to original placement in emergency housing and must be completed before additional assistance beyond the original 72 hours is provided. Additional assistance cannot exceed 45 days.

If permanent housing or alternative temporary shelter (e.g., emergency shelter, transitional housing) was not obtained by the end of the first 72 hours, detail the reasons and circumstances that prevented permanent housing or alternative shelter from being obtained.

If additional EHA assistance is being used for the single Veteran household, outline the efforts taken by the staff to certify that this is the only safe option for the Veteran household. *Must document all efforts to find alternative housing. Include efforts to obtain shelter or entry into programs for which the participant may be eligible. Third party verification is strongly encouraged including copies of email attempts at finding emergency shelter, phone logs, etc.*

If additional EHA assistance is being used, explain the new situation that will allow the Veteran to move directly from emergency housing into permanent housing or alternative temporary shelter (e.g., emergency shelter, transitional housing) by the end of the extended period.

I, _____ certify that the information I have outlined above is true, accurate, and complete.
(Staff member)

For the reasons given above, I also certify that to the best of my knowledge there are no other housing or alternative shelter options available and EHA will be extended for a period of _____ days.

SSVF Staff Signature: _____ Date: _____

SSVF Supervisor Approval: _____ Date: _____

To be Filled out Following Completion of EHA Payment Period

Date Household Entered Emergency Housing:

Date Household Exited Emergency Housing: _____

Total Number of Days of EHA Assistance: _____ Days

Did the household move directly from Emergency Housing to Permanent Housing? Yes No

Did the household move to an alternative placement such as GPD or other residential program? Yes No

Please indicate the type of housing/name of program or shelter where the participant moved:

If permanent housing was not obtained, detail the reasons and circumstances below that prevented permanent housing from being obtained: _____
