

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



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. 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 households with dependents, EHA allows the provision of up to 45 days of temporary housing for participant households with at least one dependent child under the age of 18. 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 family, and at least one permanent housing unit is a viable option for the household. EHA can be used if the identified unit is not immediately available for move-in, but will be available before the end of the period during which the participant household is placed in emergency housing. (A signed lease is not required prior to placement in permanent housing.) No EHA will be available beyond the 45 day limit regardless of whether the Veteran family chooses to obtain that permanent housing within the limited timeframe.

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

Number of children under 18 in household: _____

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

- My household includes at least one dependent under the age of 18.
- My household has no viable option for shelter tonight and our 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 emergency shelter beds, transitional housing, or other resource available (e.g., staying with family or friends) and have no other resources available to me to pay for temporary or permanent housing tonight.
- I understand the emergency housing is only available for up to 45 days.

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 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: _____

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

If permanent housing was not obtained, attach a separate sheet detailing the reasons and circumstances that prevented permanent housing from being obtained.