

Veterans Housing Referral Form

Attachments, if available:

- Certification of Homelessness/Eviction-Notice
- Verification of Veteran Status (e.g., DD214, HINQ Letter of Service, VA Health Care Card)

Date:

Referring Agency:

Referred by (Case Manager):

Case Manager Phone #:

Case Manager Email:

Person Referring (Signature):

Veteran Information

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)

Name (First, Middle, Last):

HMIS/CHIN#

Social Security Number:

Phone #:

Date of Birth:

Email:

Gender:

County Veteran is currently living in:

Housing Status:

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

- | | |
|--|---|
| <input type="checkbox"/> Owned by client, no housing subsidy | <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher |
| <input type="checkbox"/> Owned by client, with housing subsidy | <input type="checkbox"/> Hospital (non-psychiatric) |
| <input type="checkbox"/> Permanent housing for formerly homeless persons (e.g., SHP, S+C, SRO) | <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher |
| <input type="checkbox"/> Rental by client, no housing subsidy | <input type="checkbox"/> Jail, prison, or juvenile detention facility |
| <input type="checkbox"/> Rental by client, with VASH housing subsidy | <input type="checkbox"/> Place not meant for human habitation inclusive of 'non-housing service site (outreach program only)' |
| <input type="checkbox"/> Rental by client, with other (non-VASH) housing subsidy | <input type="checkbox"/> Psychiatric hospital or other psychiatric facility |
| <input type="checkbox"/> Staying or living in a family member's room, apartment, or house | <input type="checkbox"/> Safe Haven |
| <input type="checkbox"/> Staying or living in a friend's room, apartment, or house | <input type="checkbox"/> Substance abuse treatment facility |
| <input type="checkbox"/> Shared housing, with housing subsidy | <input type="checkbox"/> Transitional housing |
| <input type="checkbox"/> Shared housing, no housing subsidy | |

Is the Veteran at risk of becoming homeless? Yes No

(If yes, include court issued eviction record.)

Household Composition

Name(s)	Relationship to veteran	Gender	Date of birth

Financial Information

Previously applied for and/or received SSVF assistance? Yes No

Previously applies for and/or received GPD assistance? Yes No

Currently receiving VA benefits and/or services? Yes No

Currently employed? Yes No

Monthly Income

Source:	Income:

***Hud Vash Only Required Documents**

- DD214
- Proof of income eligibility
- Copy of Treatment Plan
- Copy of Housing Inspection Report
- Completed W-9 Form from landlord
- Landlord Letter requesting Payment
(on business letterhead-include clients name, address, required deposit, move in date)
- Utility accounts numbers and deposit amount
(if assisting with utilities)