SSVF Case File Document Checklist

Name: _____ **HMIS:** _____ **DATE:** _____

ELIGIBILITY

Proof of Verified Veterans Status:
DD214 – or other allowable document to support Veteran status - VBA Statement of Service, VHA Veteran Identity Card , Hospital Inquiry System (HINQS), VBA Award Letter of service-connected pension or disability., SQUARES

Intake Screening Form

Housing Classification (Cat 1,2, or 3)

CAT 1 Homeless Prevention Screening

Literally Homeless Certification Template OR
Self-declaration of Literal Homelessness

Grievance Form

Release of Information (ROI) form:
- VA
- HMIS

SSVF Domestic Violence Certification Form (if applicable)

Income Verification*:
- Self Declaration of Income
- Income eligibility Calculation Worksheet or other document used to determine total household income
- Classification of AMI %
- Income Calculation

* to include supporting documents for all members of the household as applicable

Certificate of Eligibility form

HUD-VASH

FOR HUD-VASH- HUD VASH Packet:
- Basic eligibility Form
- Document Checklist
- SSVF Referral Form
- Financial Information
- Temporary Financial Assistance Request Form
- SSVF HUD_VASH Eligibility Waiver Form
- SSVF Client Participant Agreement
- Landlord Intent to Rent Agreement

RECERTIFICATION

Recertificate of Eligibility form

Updated income eligibility

CASE MANAGEMENT

Needs Assessment (Initial) (historically found within the intake notes)

Case Plan / Housing Stability Plan (initial and ongoing)

Case notes

Benefits Assistance:
- VA Benefits AND
- Assistance in obtaining and coordinating other public benefits

Exit Document:
- Exit Letter
- Satisfaction Survey enrollment

TFA

Deposits - Rental / Lease / Utility

- Rental/Lease Agreement
- Utility Invoice
- Proof of Payment (check copy, ACH Payment, Credit Card Statement (if credit card)

Rent

- Lease/Rental Agreement
- Rent Reasonableness
- Habitability Standard Inspection -
- If Shared Housing - Rent Proportional Documentation and Support
- Proof of Payment (check copy, ACH Payment, Credit Card Statement (if credit card))

Utilities

- Utility Invoice
- Proof of Payment (check copy, ACH Payment, Credit Card Statement (if credit card))

Transportation

- Invoice (taxi, bus, Uber, Vehicle Repair w/ 3 quotes, other)
- Proof of Payment (check copy, ACH Payment, Credit Card Statement (if credit card))

General Housing Stability Assistance

- Invoice/Receipt
- Proof of Payment (check copy, ACH Payment, Credit Card Statement (if credit card))

Emergency Housing Assistance -

- Emergency Housing Assistance Verification form
- Invoice/Receipt (complete showing dates and charges for all services/cost)
- Proof of Payment (check copy, ACH Payment, Credit Card Statement (if credit card))

Moving Costs

- Invoice/Receipt
- Proof of Payment (check copy, ACH Payment, Credit Card Statement (if credit card))

Child Care

- Invoice/Receipt
- Proof of Payment (check copy, ACH Payment, Credit Card Statement (if credit card))

HMIS ID # _____

COMMUNICATION CONTACT LOG

DATE	PERSON CONTACTED	RELATIONSHIP TO PARTICIPANT	NOTES

Tab 1

SSVF Case File Document Checklist

Name: _____ **HMIS:** _____ **DATE:** _____

ELIGIBILITY

	Proof of Verified Veterans Status: DD214 – or other allowable document to support Veteran status - VBA Statement of Service, VHA Veteran Identity Card , Hospital Inquiry System (HINQS), VBA Award Letter of service-connected pension or disability., SQUARES
	Intake Screening Form
	Housing Classification (Cat 1,2, or 3)
	CAT 1 Homeless Prevention Screening
	Literally Homeless Certification Template OR Self-declaration of Literal Homelessness
	Grievance Form
	Release of Information (ROI) form: - VA - HMIS
	SSVF Domestic Violence Certification Form (if applicable)
	Income Verification*: - Self Declaration of Income - Income eligibility Calculation Worksheet or other document used to determine total household income - Classification of AMI % - Income Calculation * to include supporting documents for all members of the household as applicable
	Certificate of Eligibility form

Supportive Services for Veteran Families (SSVF) Program

LITERALLY HOMELESS CERTIFICATION

(Note: this form is used only for Rapid Re-housing i.e. SSVF categories 2 and 3)

SSVF Applicant Name:	

Instructions: This form is to certify, via a third party, that the above named applicant is currently "literally homeless" as defined in the SSVF Program Guide's description of eligibility for SSVF Rapid Re-housing. The third party completing this form must check one box below, provide a description, and sign and date this form.

I certify that the person name above and any household members with that person (check only one):

☐ **Is living in a car, park, abandoned building, bus/train station, airport, camping ground, or other place not designed for or ordinarily used as a regular sleeping accommodation, or am fleeing or attempting to flee a domestic violence situation.**

Description of Where Applicant Is Staying:

Agency/Program Name:_____

Authorized Agency Representative Signature: _____ **Date:** _____

☐ **Is staying in an emergency shelter OR a transitional housing program for people who are homeless (coming from streets or shelter) OR a hotel or motel that is paid for by a charity or government program.**

Shelter, Transitional Housing or Hotel/Motel Name:	
Location:	
If Hotel/Motel: Name of Charity/Program Paying for Stay:	

Authorized Agency Representative Signature: _____ **Date:** _____

☐ **Is exiting an institution where they have been staying for 90 days or less AND they stayed in an emergency shelter OR a place not designed for or ordinarily used as a regular sleeping accommodation immediately prior to entering that institution.**

Name of Institution:	
Location:	
Date of Admission:	
Description of Unsheltered Location:	
Shelter Name:	
Location:	

Authorized Agency Representative Signature: _____ **Date:** _____

Supportive Services for Veteran Families (SSVF) Program

SELF-DECLARATION OF HOUSING STATUS

SSVF Participant Name: _____

☐ Household without dependent children (complete one form for each adult in the household)
☐ Household with dependent children (complete one form for household)
Number of persons in the household: _____

This is to certify the housing status of the above named individual or household, based on the following and other indicated information and the signed declaration by the applicant.

Check only one:

☐ I [and my children] am/are currently residing in permanent housing.

☐ I [and my children] am/are homeless and scheduled to become a resident of permanent housing within 90 days pending the location or development of housing suitable for permanent housing.

☐ I [and my children] have exited permanent housing within the previous 90 days to seek other housing that is responsive to the my/our needs and preferences.

I certify that the information above and any other information I have provided in applying for SSVF assistance is true, accurate and complete.

SSVF Participant Signature: _____ Date: _____

SSVF Staff Certification

I understand that third-party verification is the preferred method of certifying housing status for an individual who is applying for SSVF assistance. I understand self-declaration is only permitted when I have attempted to but cannot obtain third party verification.

Documentation of attempt made for third-party verification:

_____

_____

_____

_____

SSVF Staff Signature: _____ Date: _____

Supportive Services for Veteran Families (SSVF)
COMPLAINTS AND APPEALS

I acknowledge receiving a copy of the attached policies and procedures.

Participant(s):

Printed Name	Signature	Date
Printed Name	Signature	Date

I have provided the participants with the attached policies and procedures.

Agency Representative:

Printed Name	Signature	Date

Supportive Services for Veteran Families (SSVF) Program

SELF-DECLARATION OF INCOME

SSVF Participant Name: _____

This is to certify the income status for the above named individual. Income includes but is not limited to:

- The full amount of gross income earned before taxes and deductions.
- The net income earned from the operation of a business, i.e., total revenue minus business operating expenses. This also includes any withdrawals of cash from the business or profession for your personal use.
- Monthly interest and dividend income credited to an applicant's bank account and available for use.
- The monthly payment amount received from Social Security, annuities, retirement funds, pensions, disability and other similar types of periodic payments.
- Any monthly payments in lieu of earnings, such as unemployment, disability compensation, SSI, SSDI, and worker's compensation.
- Monthly income from government agencies excluding amounts designated for shelter, and utilities, WIC, food stamps, and childcare.
- Alimony, child support and foster care payments received from organizations or from persons not residing in the dwelling.
- All basic pay, special day and allowances of a member of the Armed Forces excluding special pay for exposure to hostile fire.

Check only one box and complete only that section.

☐ I certify, under penalty of perjury, that I currently receive the following income:

Source: _____ Amount: _____ Frequency: _____
Source: _____ Amount: _____ Frequency: _____
Source: _____ Amount: _____ Frequency: _____

SSVF Participant Signature: _____ Date: _____

☐ I certify, under penalty of perjury, that I do not have any income from any source at this time.

SSVF Participant Signature: _____ Date: _____

SSVF Staff Verification

I understand that third-party verification is the preferred method of certifying income for SSVF assistance. I understand self declaration is only permitted when I have attempted to but cannot obtain third party verification.

Documentation of attempt made for third-party verification:

_____
_____
_____

SSVF Staff Signature: _____ Date: _____

Supportive Services for Veteran Families (SSVF) Program

VERIFICATION OF INCOME

SSVF Participant Name: _____

Instructions for Employer/Payment Source Representative: This is to certify the income received by the above named individual for purposes of participating in the SSVF Program. This information will be used only to determine the eligibility status and level of benefit of the household. **Complete only the selected section below that includes an authorization to release information.**

Please return this form to:

Name & Title: _____ Phone: _____

Address: _____ Fax: _____

Email: _____

☐ Employment Income

SSVF Participant Release: I hereby authorize the release of the following employment information.

SSVF Participant Signature: _____ Date: _____

Employer representative to complete this section:

The person named above is employed by _____ since _____.

He/she is paid $_____ on a _____ basis and is currently working an average of _____ hours per _____.

Additional compensation please specify (if any): _____

Probability of continued employment: _____

Authorized Employer Representative Signature: _____ Date: _____

Name, Title: _____

Address and Phone: _____

☐ Payments and/or Benefit Income (complete one form for each distinct source of income for person named above)

CIRCLE ONE:

Social Security/SSI	Pension/Retirement	TANF
Public Assistance	Unemployment Compensation	Workers Compensation
Alimony Payments	Foster Care Payments	Child Support Payments
Armed Forces Income	Other (pls. specify) _____	

SSVF Participant Release: I hereby authorize the release of the following payment and/or benefit information.

SSVF Participant Signature: _____ Date: _____

Payment source representative to complete this section:

Payments or benefits in the amount of $_____ are paid on a _____ basis.

The expected duration of the payments or benefits is _____.

Authorized Payment Source Representative Signature: _____ Date: _____

Name, Title: _____

Address and Phone: _____

SSVF ASSET WORKSHEET

Instructions: Please complete if household currently has assets. Include assets for all household members. Amounts listed in worksheet should match attached backup documentation.

Head of Household: _____

ASSETS INCLUDE:

1. Current amounts in savings accounts and the average balance for the last six months for checking accounts. Also include cash held at home or in a safe deposit box.
2. Cash value of revocable trusts. A revocable trust can be changed by the grantor at any time and is therefore counted as an asset.
3. Equity in real property or other capital investments. Equity is the estimated current market value of the asset less the unpaid balance on all loans secured by the asset and reasonable costs (such as broker fees) that would be incurred in selling the asset.
4. Stocks, bonds, savings certificates, money market funds and other investment accounts.
5. IRA, Keogh and similar retirement savings accounts, even though the withdrawal would result in a penalty.
6. Some contributions to company retirement/pension funds. Include contributions while an individual is employed, count only the amount the family can withdraw without retiring or terminating employment. After retirement or terminating, count as an asset any amount the employee elects to receive as a lump sum.
7. Surrender value of whole life or universal insurance policy.
8. Personal property held as an investment (such as gems, jewelry, coin collections, antiques, etc).
9. Lump sum receipts such as inheritances, lottery winnings, capital gains, insurance settlements and other lump sum amounts.
10. Assets disposed of for less than fair market value during the two years preceding certification or re-certification. The amount counted as an asset is the difference between the cash value and the amount actually received.
11. Assets, which although owned by more than one person, allow unrestricted access by the applicant.

TYPE OF ASSET	TOTAL VALUE	FEES OR PENALTIES	CASH VALUE (TOTAL VALUE MINUS PENALTIES)	INTEREST RATE	ACTUAL ASSET INCOME (MULTIPLY CASH VALUE BY INTEREST RATE)
TOTALS:				N/A	

Imputed Value = CASH VALUE x _____% = [ ]
(Passbook rate)

USE IMPUTED IF TOTAL CASH VALUE IS OVER $5000 *AND* GREATER THAN ACTUAL ASSET INCOME

OR

Total Actual Asset Income = [ ]

USE ACTUAL IF TOTAL CASH VALUE IS UNDER $5000 *OR* GREATER THAN IMPUTED VALUE

SSVF STAFF SIGNATURE: _____ DATE: _____

SSVF Income Eligibility Calculation Worksheet

To be eligible for SSVF, households must be at or below 50% of the Area Median Income (and meet other SSVF eligibility requirements). Grantees may use this sample worksheet to determine whether an applicant household meets the SSVF Income eligibility threshold. A copy of this worksheet should be kept in the SSVF participant case file. For additional information on SSVF eligibility requirements and documentation standards, see the SSVF Program Guide.

Household Member Number	Household Member Name	Age of Household Member
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
	Total Household Members (Household size)	
	50% of Area Median Income (AMI) for Household Size	$ -

Household Member Number/Name	Sources of Household Income	Gross Documented Current Income Amount	Frequency of Income	Number of Payments per Year	Annual Gross Income (gross income amount X # of payments per year)
	Earned Income (for ADULT household members only)	$ -			$ -
	Earned Income (for ADULT household members only)	$ -			$ -
	Earned Income (for ADULT household members only)	$ -			$ -
	Self-employment/business income	$ -			$ -
	Self-employment/business income	$ -			$ -
	Interest & Dividend Income	$ -			$ -
	Income from Assets	$ -			$ -
	Pension/Retirement Income	$ -			$ -
	Pension/Retirement Income	$ -			$ -
	Unemployment & Disability Income	$ -			$ -
	Unemployment & Disability Income	$ -			$ -
	TANF/Public Assistance	$ -			$ -
	TANF/Public Assistance	$ -			$ -
	Alimony, Child Support and Foster Care Income	$ -			$ -
	Alimony, Child Support and Foster Care Income	$ -			$ -
	Armed Forces Income	$ -			$ -
	Armed Forces Income	$ -			$ -
	Other (specify):	$ -			$ -
	Other (specify):	$ -			$ -
	Total Annual Gross Income from all Sources				$ -
	50% of Area Median Income for Household Size				$ -
	Variance (if less than AMI), then household is income eligible)				$ -
	Is the household at or below 50% Area Median Income?				*YES-Income Eligible*
					NO-Not Income Eligible

SSVF 2021

COUNTY	PERCENTAGE	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
DAVIDSON	50%	$ 20,500.00	$ 23,400.00	$ 26,350.00	$ 29,250.00	$ 31,600.00	$ 33,950.00	$ 36,300.00	$ 38,650.00
	30%	$ 12,300.00	$ 14,050.00	$ 15,800.00	$ 17,550.00	$ 19,000.00	$ 20,400.00	$ 21,800.00	$ 23,200.00
DAVIE	50%	$ 24,150.00	$ 27,600.00	$ 31,050.00	$ 34,450.00	$ 37,250.00	$ 40,000.00	$ 42,750.00	$ 45,500.00
	30%	**$ 14,500.00**	**$ 16,550.00**	**$ 18,600.00**	**$ 20,650.00**	**$ 22,350.00**	**$ 24,000.00**	**$ 25,650.00**	**$ 27,300.00**
FORSYTH	50%	$ 24,150.00	$ 27,600.00	$ 31,050.00	$ 34,450.00	$ 37,250.00	$ 40,000.00	$ 42,750.00	$ 45,500.00
	30%	**$ 14,500.00**	**$ 16,550.00**	**$ 18,600.00**	**$ 20,650.00**	**$ 22,350.00**	**$ 24,000.00**	**$ 25,650.00**	**$ 27,300.00**
GUILFORD	50%	$ 23,350.00	$ 26,700.00	$ 30,050.00	$ 33,350.00	$ 36,050.00	$ 38,700.00	$ 41,400.00	$ 44,050.00
	30%	$ 14,000.00	$ 16,000.00	$ 18,000.00	$ 20,000.00	$ 21,600.00	$ 23,200.00	$ 24,800.00	$ 26,400.00
STOKES	50%	$ 24,150.00	$ 27,600.00	$ 31,050.00	$ 34,450.00	$ 37,250.00	$ 40,000.00	$ 42,750.00	$ 45,500.00
	30%	**$ 14,500.00**	**$ 16,550.00**	**$ 18,600.00**	**$ 20,650.00**	**$ 22,350.00**	**$ 24,000.00**	**$ 25,650.00**	**$ 27,300.00**
SURRY	50%	$ 21,850.00	$ 25,000.00	$ 28,100.00	$ 31,200.00	$ 33,700.00	$ 36,200.00	$ 38,700.00	$ 41,200.00
	30%	$ 13,100.00	$ 15,000.00	$ 16,850.00	$ 18,700.00	$ 20,200.00	$ 21,700.00	$ 23,200.00	$ 24,700.00
YADKIN	50%	$ 24,150.00	$ 27,600.00	$ 31,050.00	$ 34,450.00	$ 37,250.00	$ 40,000.00	$ 42,750.00	$ 45,500.00
	30%	**$ 14,500.00**	**$ 16,550.00**	**$ 18,600.00**	**$ 20,650.00**	**$ 22,350.00**	**$ 24,000.00**	**$ 25,650.00**	**$ 27,300.00**

Supportive Services for Veteran Families (SSVF) Program

STAFF 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 determination 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 to receive assistance 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 certifications 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: _____

Forsyth Rapid Re-Housing Veteran's Program

SSVF Participation Agreement

I _____ hereby consent for myself and family to participate in the Forsyth Rapid Re-Housing Veteran's Supportive Services for Veteran Families Program (SSVF). This program is funded by the Veteran's Administration and is administered by United Way of Forsyth. I will be receiving services at _____ (Name of Agency) and my Case Manager is _____ (name of Case Manager).

I understand that this is a voluntary program designed to help me improve my housing stability, and I may leave it at any time. Further I understand that:

1) The purpose of the program is to assist me and the members of my household in achieving housing stability. I understand that as a part of the participation in the program, my case manager and I will develop a housing stability plan, which will be a contract between me and my case manager for services. In this plan I will, with the support of my case manager, set specific goals which will help my household achieve housing stability.
2) I understand that some of the tools available to me through this program to support me and my household achieve housing stability are case management, temporary financial assistance, and housing search and placement. The amount, frequency, and duration of these services will be determined as an agreement between me and my case manager. And further that I understand that while Federal Regulations and program rules may set maximum levels of assistance, by entering into this program I am not entitled to any predetermined minimum level of support. The support for case management and temporary financial assistance offered by this program will be determined by my household's specific needs as identified during the initial and subsequent assessments.
3) There are no specific activities and goals that the program requires, however my case manager will provide me advice about activities and goals which may assist me in achieving my housing stability goals. Once I have developed my personalized housing stability plan, I understand that I will be expected to actively work towards the goals that have been agreed upon in my Housing Stability Plan. Further, I understand that if the goals in my Housing Stability Plan change, I have the right to reassess them with my case manager at any time.
4) I understand members within my household will also be encouraged to actively participate in the SSVF program and that the case manager can work with them to set goals which will help increase our household's housing stability.
5) I agree that as a part of this program I will be asked to meet with my case manager at least once a month. The specific terms of this meeting and the frequency of the meetings will be set as a part of my housing stability plan.

6) I understand that if I can not meet the goals in my housing stability plan or that if my goals change, that I can ask to change the goals in my plan. However all goals in my plan must related to improving my housing stability.
7) Further, I understand that while the program does not have specific requirements beyond those to which I agree to in my housing stability plan, failure to meet program requirements may be grounds for termination from the program. If I am terminated from the program, I understand that I have the right to be notified in writing prior to the termination that I am at risk for termination and the steps I need to take to avoid termination from the program. Further, if I am terminated from the program, I have the right to appeal such termination, and have been provided a copy of the rules for appealing a termination of service.

By signing the agreement, I am agreeing that I have been giving the program rules and understand my obligations and the programs expectations of me for participation.

Now this ____ day of _____, 20___

_____ _____

Client Other Adult Household member

_____

Case Manager or other witness

Goodwill Career Connections & Prosperity Center

Building financial success … one step at a time
508 Waughtown St, Winston-Salem, NC 27107
Phone: (336) 761-1458 Fax: (336) 761-1461

SSVF Release of Information Form

I, _____, the undersigned, hereby authorize the following individual, agency, institution or organization, _____to release and provide information to *Career Connections and Prosperity Center*.

Fax: (336) 761-1461 with copies of documents as may be listed below. I acknowledge that I understand the purpose of the request and that authorization is hereby granted voluntarily.

Client Information:

Client Name (Last, First, Middle): _____

Address: _____

Phone: (_____)_____-_____ Date of Birth (mm/dd/yy):_____/_____/_____

Requested Information or Documents:

1._____

2._____

3._____

4._____

NOTE: I understand that this release is valid for a period of one year from the date of the signature. I further understand that I may cancel or revoke this authorization at any time in writing.

Dated this _____ day of _____, _____

We are a participating agency of the Carolina Homeless Information Network (CHIN). As a member of CHIN, we use a computerized Homeless Management Information System (HMIS) to collect and report on information about the client we serve. We collect personal information directly from you for reasons that are discussed in the CHIN Privacy Practices. We may be required to collect some personal information by law or by organization that give us money to operate this program. Other personal information that we collect is important to run our programs, to improve services for homeless persons. We only collect information that we consider to be appropriate. If you do not want your information entered into and shared through HMIS, please put an X through this paragraph.

By my signature below, I consent to the release of the above listed information / documents.

Printed Name of Client:_____ Signature of Client:_____

Printed Name of Case Manager:_____ Signature of Case Manager:_____

May 2017

WINSTON SALEM/FORSYTH COUNTY – NC COC 500

NC HMIS CLIENT RELEASE OF INFORMATION & SHARING PLAN

Identifying Information
SECTION 1

This form is about the North Carolina Statewide Homeless Management Information System. We call this NC HMIS or the "System". Many shelters and other helping programs use the NC HMIS system. The NC HMIS System keeps information about clients that get help here.

We collect personal information directly from you as a way of providing the best services to meet your needs. We only collect information that we consider to be appropriate. The collection and use of all personal information is guided by strict standards of confidentiality.

The information will be used by us and other helping agencies according to the sharing plan attached:

- Allow us to work with other agencies to help you
- Help case managers work together to provide you complete service
- Reduce the number of times you have to tell your story
- Allow us to continue receiving funds to provide services
- Allow us to apply for additional funds for services
- Allow us to see what are the most common needs and whether or not we are meeting those needs

Finding Your Record:

- I know that the only information other agencies can see without my permission are my name, year of birth, gender, veteran status, and partial SS#. This information is used to find my record in the System and make sure that I have one and only one record. My name does let other participating agencies know that I have been helped by an agency somewhere in North Carolina. It does not identify the agency, what services I received, or where I received services.
- There may be a reason why sharing my name, year of birth, gender, veteran status, and partial SS# on the open part of the system may put a family member or me at risk. If that is true, I have initialed below that this information should NOT be left visible.
- Name, Year of Birth, Gender, Partial SS#, Veteran Status: _____
- I know that if I have already received services from an organization using the System and I have left my name visible, I will have to ask that organization to also close my "Profile/Name". The name is usually left visible in our System to allow service providers to better coordinate services.
- I know that there is a list of all the agencies in the NC HMIS System that I can find on the Internet at www.NCHMIS.org. These agencies must follow strict privacy laws. The agencies in the system may change from time to time.

- I know that no additional information about me can be shared unless I sign the attached Sharing Plan agreeing to share additional information.

Client Release of Information & Sharing Plan

SECTION 2 – Sharing Plan

Put your initials next to the statements that you understand and agree to:

_____ I have received a copy of this Agency's Privacy Notice/script that explains NC HMIS and my rights and responsibilities associated with how information is kept and shared through this system.

_____ I understand that my written consent allows the information listed in the Sharing Plan to be shared among the agencies listed in the Sharing Plan. All sharing agencies where I am receiving services may update that information as I provide additional or new information. The purpose of sharing my information is to better coordinate care for me and my family.

_____ I understand that the confidentiality of my records is protected by law. I understand that this agency will never give information about me to anyone outside the agency without my specific written consent through a Sharing Plan or as required by law (The regulations are the Federal Law of Confidentiality for Alcohol and Drug Abuse Patients, (42 CFR, Part 2) and the Health Insurance Portability and Accountability Act of 1996 (HIPPA), 45 CRF, Parts 160 & 164) and certain North Carolina laws.

_____ I understand that Agencies included in my Sharing Plan must follow strict privacy guidelines.

_____ I can withdraw my consent to share at any time; however any information already shared with another agency cannot be taken back. I also understand that the request to discontinue sharing will have to be coordinated between sharing partners. I should tell any agencies that I am seeing included on the Plan when I withdraw my consent.

_____ I understand that I have the right to see my information, request to change it, and to have a copy of that information from the servicing agency by written request.

_____ I understand that the refusal to share information in this system will not be used to deny me services such as emergency assistance, outreach, shelter, or housing assistance.

_____ I understand that some of my information may be disclosed for academic research purposes without identifying information included. My name and other identifying information may be used to match records but will not be released to be used directly in the research unless I sign a separate consent when identifying information is a requirement for the Study (example: so a researcher can contact me).

The following Sharing Plan describes what information will be shared with other agencies and the specific agencies included in the Sharing Plan.

Sharing Plan

What information is shared about you?

- Shared Information:
- (NCHMIS) HUD CoC Entry
- (NCHMIS) HUD CoC and ESG Exit
- (NCHMIS) HUD Follow Up
- (NCHMIS) HUD Interim Review
- (NCHMIS) Household Data Sharing
- (NC HMIS) VA SSVF Entry
- (NC HMIS) VA SSVF Interim Review

- Shared Information Continued:
- (NC HMIS) Household Data Sharing
- (NC HMIS) VA SSVF Exit
- Entry/Exits dates for agencies listed below
- Case Notes
- Needs, Referrals, Services
- File Attachment
- Client Demographics

This agency routinely shares information with the helping organizations or programs listed below. Please note that any organization or program listed below can share your information with the other organizations listed on this Release.

What helping agencies can see additional information about me?

Name of Agencies Participating in Sharing

- United Way of Forsyth County
- Bethesda Center For The Homeless, Inc
- City with Dwellings
- Experiment in Self Reliance, Inc

Name of Agencies Participating in Sharing

- North Carolina Housing Services and Management
- Goodwill Industries of Northwest North Carolina, Inc
- Samaritan Ministries of Winston Salem
- The Salvation Army

Household members who's information will be shared needs to be specified on the following page.

Permission to share data is also applied to the following household members under 18 years old *(List full names and relation to head of household):*

_____ (Head of Household) _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

☐ **Yes, I agree to share according to the Sharing Plan.**
☐ **No, I do not agree to the Sharing Plan.**

Client signature: _____, Date: _____,

Signature of guardian or authorized-representative (when required): _____

Relationship to client: _____ Date signed by guardian/authorized representative: _____

VAWA

Violence Against Women Act

Receipt of Notice of Occupancy Rights

I have received a copy of the Notice of Occupancy Rights under the Violence Against Women Act and have discussed the Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking with my Case Manager. I understand that I may reach our to my Case Manager with any questions or concerns regarding VAWA while engaged in the Rapid Rehousing program.

Print Name: _____

Signature: _____

Date: _____

Tab 2

HUD-VASH

FOR HUD-VASH- HUD VASH Packet:
- Basic eligibility Form
- Document Checklist
- SSVF Referral Form
- Financial Information
- Temporary Financial Assistance Request Form
- SSVF HUD_VASH Eligibility Waiver Form
- SSVF Client Participant Agreement
- Landlord Intent to Rent Agreement

HUD VASH
Packet

Tab 3

	RECERTIFICATION
	Recertificate of Eligibility form
	Updated income eligibility

Recertification

Tab 4

	CASE MANAGEMENT
	Needs Assessment (initial) (historically found within the intake notes)
	Case Plan / Housing Stability Plan (initial and ongoing)
	Case notes
	Benefits Assistance: - VA Benefits AND - Assistance in obtaining and coordinating other public benefits
	Exit Document: - Exit Letter - Satisfaction Survey enrollment

Case Management

SSVF Intake-Housing Barriers Matrix and Initial Housing Stabilization Plan	
Client Name:	County:
HMIS / DV ID:	

Please check the box of the appropriate level.

	Barrier Level	Barriers to Getting Housing (tenant screening barriers)	Barriers to Keeping Housing (Retention Barriers)	Assistance Provided
Level 1 ☐	The household will need minimal assistance to obtain and retain housing. Other community resources may be available to meet the needs of these households. Consider using existing emergency assistance funds in designing program.	☐**Criminal History:** none ☐**Rental History:** An established local rental history. No evictions, landlord references are good to fair. ☐**Credit History:** Good, with the exception of a few late utility and credit card payments	No significant barriers except financial. ☐**Financial:** very low income, insufficient emergency reserves	**ESG offers the following for most Level 1 households:** **All Households:** • Development of Housing Stabilization Action Plan (HSAP) to work on any identified barriers to getting and keeping housing. **For Getting Housing:** • Financial assistance for housing start-up (e.g. first month's rent, security deposit, utility deposit) • Initial consultation related to housing search (e.g. where to find rental information how to complete housing applications, documentation needed). **For Keeping Housing:** • Time-limited rental and/or utility assistance, per client Housing Stabilization Action Plan. • Home visit/check-in after move-in. • Offer of services (at tenant request) for up to 3 months. **Landlord Assistance:** • Will likely include only program contact information for tenancy concerns.

	Barrier Level	Barriers to Getting Housing (tenant screening barriers)	Barriers to Keeping Housing (Retention Barriers)	Assistance Provided
Level 2 ☐	The household will need routine assistance to obtain and retain housing.	☐**Criminal History:** Household has no serious criminal history, but may have a few minor offenses such as moving violations, a DUI, or a misdemeanor ☐**Rental History:** Limited or out-of-state. May have 1-2 explainable evictions for nonpayment. Prior landlords may report a problem with timely rent. ☐**Credit History:** Shows pattern of late or missed payments	☐**Financial:** very low income, may have inconsistent employment, poor budgeting skills. ☐**Mental/Chemical Health:** No serious mental illness or chemical dependency that affects housing retention. May have some level of depression or anxiety or problems responding to conflict. ☐**Basic Household Skills:** May lack awareness of landlord-tenant rights/responsibilities. May have minor problems	**ESG offers the following for most Level 2 households:** **All Households:** • Development of Housing Stabilization Action Plan (HSAP) to work on any identified barriers to getting and keeping housing. **Getting Housing:** • Financial assistance for housing start-up. • Initial consultation and ongoing assistance with housing search, including bus tokens* as needed. **Keeping Housing:** • Time-limited rental & utility assistance, per client Housing Stabilization Action Plan. • Weekly home visits for first two months; then reduce to bi-weekly or monthly as most HSAP goals are met. • Services available for up to 6 months, depending on housing problems and progress toward HSAP goals. **Landlord Assistance:** • 6 month availability: landlord can call with tenancy issues and program will respond. • Program will check in with landlord periodically for updates. • Program will relocate household if landlord is considering eviction.

	Barrier Level	Barriers to Getting Housing (tenant screening barriers)	Barriers to Keeping Housing (Retention Barriers)	Assistance Provided
Level 3 ☐	The household will need more intensive and/or longer assistance to obtain and retain housing.	☐**Criminal History:** Household may have some criminal history, but none involving drugs or serious crimes against persons or property ☐**Rental History:** Includes up to 3 evictions for nonpayment. Prior landlord references fair to poor. ☐**Credit History:** Shows pattern of late or missed payments	☐**Financial:** Household is very low income, has periods of unemployment, no emergency reserves, lacks budgeting skills ☐**Mental/Chemical Health:** Problems with mental health or alcohol/substance use that somewhat impacts compliance with tenancy requirements. ☐**Basic Household Skills:** May have deficits in care of apartment, landlord tenant rights/responsibilities, communications skills with landlord and/or other tenants Conflict may exist in household **Previous Episodes of Homelessness:** May have lost housing and been homeless several times in past	**ESG offers the following for most Level 3 households:** **All Households:** • Development of Housing Stabilization Action Plan (HSAP) to work on any identified barriers to getting and keeping housing. **For Getting Housing:** • Financial assistance for housing start-up. • Initial consultation and ongoing assistance with housing search, including bus tokens as needed. • Staff may accompany client to the landlord interview. **For Keeping Housing:** • Time-limited rental & utility assistance, per client Housing Stabilization Action Plan. • Weekly home visits for first two months; then reduce to bi-weekly or monthly as most HSAP goals are met. • Housing Plan goals are met. Include unannounced drop-in visits. • Services available for up to 12 months, depending on housing problems and progress toward HSAP goals. **Landlord Assistance:** • 12 month availability; landlord can call with tenancy issues and program will respond even after services end. • Program will check in with landlord periodically for updates. • Program will relocate if an eviction is being considered. If household will not leave, program may pay court costs* for eviction. • Program may pay or repair damages*.

	Barrier Level	Barriers to Getting Housing (tenant screening barriers)	Barriers to Keeping Housing (Retention Barriers)	Assistance Provided
Level 4 ☐	The household will need more intensive and longer assistance to obtain and retain housing.	☐**Criminal History:** Violations may include drug offense or crime against persons or property ☐**Rental History:** Includes up to five evictions for non-payment and/or lease violations. Landlord references poor. Security deposit may have been kept due to damage to unit. ☐**Credit History:** Poor, late payments, may include judgment for debt to a landlord, closed accounts	☐**Financial:** Extremely low income, no emergency reserves, bank accounts closed, lacks budgeting skills. ☐**Mental/Chemical Health:** May be using drugs/alcohol and/or has mental health problems. ☐**Basic Household Skills:** May have conflict with child/ren or partner. May lack ability to care for apartment or communicate appropriately with landlord and other tenants. ☐**Previous Episodes of Homelessness:** Has likely been homeless multiple times or for more extended periods	**ESG offers the following for most Level 4 households:** **All Households:** • Development of Housing Stabilization Action Plan (HSAP) to work on any identified barriers to getting and keeping housing. **For Getting Housing:** • Financial assistance for housing start-up. • Initial consultation and ongoing assistance with housing search, including bus tokens as needed. • Staff may accompany client to the landlord interview. **Keeping Housing:** • Time-limited rental & utility assistance, per client Housing Stabilization Action Plan, for up to 18 months. • Weekly home visits for first two months; then reduce to bi-weekly or monthly as most Housing Plan goals are met. Include unannounced drop-in visits. • Services available for up to 18 months, depending on housing problems and progress toward HSAP goals. **Landlord Assistance:** • 18 month availability; landlord can call with tenancy issues and program will respond; ongoing option to call even after Rapid Re-Housing services are ended can be offered or negotiated on a case-by-case basis*. • Program will check in with landlord monthly (or more often if landlord prefers) for updates/issues. • May pay an additional damage deposit and/or last month's rent in addition to normal start-up costs*. • ESG program will relocate household if an eviction is being considered. If household will not leave, program may pay court costs* of eviction. • Program may pay or repair damages*.

	Barrier Level	Barriers to Getting Housing (tenant screening barriers)	Barriers to Keeping Housing (Retention Barriers)	Assistance Provided
Level 5 ☐	Household needs longer or more intensive services; may need staff with more professional training. ESG program refers household to appropriate program, such as intensive case management, permanent supportive housing or other local resources. Household may be enrolled in ESG if there is a secure plan for permanent housing at or before 18-months.	☐**Criminal History:** Extensive criminal background ☐**Rental History:** Extremely poor rental history, multiple evictions, serious damage to apartment, complaints ☐**Credit History:** Includes multiple judgments, unpaid debts to landlords, closed accounts	☐**Financial:** Extremely low income, no emergency reserves, bank accounts closed, lacks budgeting skills. ☐**Mental/Chemical:** Active and serious chemical dependency or mental illness ☐**Basic Household Skills:** Unable to comply with lease requirements or interact positively with landlord/tenants; poor apartment management skills, out-of-control behaviors by adult or child/ren ☐**Previous Episodes of Homelessness:** May have experienced chronic homelessness (multiple and/or extended periods of homelessness)	• If permanent housing option is secured for exit at 18 months, program offering follows Level 4. Financial Assistance and Stabilization Services will be offered for the full 18 months of eligibility and will need to be more intensive.

*These are not ESG eligible activities and can NOT be paid for with HUD ESG funds. However, these are best practice activities that you are encouraged to use non-HUD ESG dollars to fund.

On using this matrix: This matrix is intended to be a guide to assessing and serving households in ESG. It is not intended to box households in or limit assistance. Each household should be assessed individually for barriers to getting and receiving housing. Assistance to address these barriers should be given as is needed and appropriate.

Many households will not have all of the barriers of one particular level. A household's Housing Barrier Level should be assigned to the level for which most closely resembles the household's significant barriers, or for which the level the household has the most barriers.

The description of assistance available for each level should be used in program design and in deciding what level of assistance is appropriate based on household need.

Signature Case Manager _____ Date _____

SSVF Reasonable Plan Template

Participant Name: _____ Date: _____

Case Manager Name: _____

PURPOSE OF THIS PLAN:

___ Crisis Plan to assure safety ___ Rapid Re-Housing ___ Prevention of Homelessness
___ Follow-up Plan for Longer-Term Housing Stability

Goals:		
Action Steps	Person Responsible	Target Date for Completion or Review
Next Review and Plan Update (Date/Place):		
SSVF Participant Signature:		
Case Manager Signature:		

SSVF Veteran Family Supportive Services Referral Tracking Form

Supportive Service	Already Connected	Date Referred	Connected	Notes
Health Care Services				
VA Medical Center				
Vet Center				
Community Mental Health Provider				
Community Medical Provider				
Daily Living Services				
Home Healthcare				
Personal Finanical Planning				
Credit Counseling				
Financial Workshop				
Tranportation Services				
DAV				
Shuttle Services				
Public Tranportation				
Income Support Services				
Worksource				
HVRP				
Goodwill				
VRAP				
VBA				
SSI				
WIC				
SNAP				
Department Social Services				
Fiduciary/Payee Services				
SSI Payee Services				
VA Fiduciary Services				
Legal Services				
Pro-bono legals serivces				
Childcare				
Childare provider list				

Case Notes

Supportive Services for Veteran Families (SSVF) Program

Program Exit Checklist

The goal of the SSVF Program is to promote housing stability among very low-income Veteran families who reside in or are transitioning to permanent housing. VA understands that every household exit is different; however, SSVF grantees must utilize this checklist to review whether the appropriate exit steps are carried out once it is determined a household is going to be exited. This form is not meant to assess if a household is ready to be exited; it is a checklist used during the exit process to confirm that the household has been provided appropriate services/referrals as they leave the program.

Veteran Identifier: _____ **Date of Entry/Exit:** _____ /_____

Complete when exit determination has been made:

Exit Overview – All Clients Regardless of Housing Status/Exit Type	
☐ Yes ☐ No ☐ Unknown	Household is residing in permanent housing.
☐ Yes ☐ No	Client is still in contact with SSVF Program.
☐ Yes ☐ No ☐ N/A	Household has resources/supports to sustain housing on current income, if applicable.
☐ Yes ☐ No	A final Housing Stability Plan and goals have been reviewed with household.
☐ Yes ☐ No	A final budget has been reviewed with household.
☐ Yes ☐ No	Housing counseling elements that contribute to stability have been reviewed with client (e.g. lease requirements, home maintenance, tenant-landlord relationship techniques, etc.)
☐ Yes ☐ No ☐ N/A	Contact has been made with the landlord to verify household has no current lease violations, rental arrears due, or other serious complaints.
☐ Yes ☐ No	Last referrals have been made to connect household to community agencies or resources (e.g. VA medical care, HUD-VASH, PHA, Continuum of Care, Cash Benefits, etc.)
☐ Yes ☐ No	Household has been informed they can reach back out to SSVF in the future if needs arise.
☐ Yes ☐ No	Household agrees they are ready to be exited from SSVF.

Exited for Other Reasons *To be completed in addition to Exit Overview above	
☐ Yes ☐ No ☐ N/A	Case manager has completed steps required by agency policy for these households: • For nonresponsive households, case manager has attempted contact the specific numbers of times and channels as required by the grantee's policies and procedures. • For households not compliant with SSVF Program Requirements or Program Rules, case manager has followed agency policy for discharging households who committed an offense which resulted in a program exit, or otherwise refused to provide basic eligibility information. • Other reasons: relocated, reunited with family, jail, change in program eligibility status, etc.

Exit Summary:_____

_____

I confirm, to the best of my knowledge, that the above information is correct.

SSVF Staff Signature: _____ Date: _____

To be completed at household exit:

Exit Requirements for all Households
☐ Household has been informed in writing of their exit from SSVF, if whereabouts are known.
☐ Household has been registered for, and informed about, the VA exit survey, if whereabouts are known, OR multiple attempts made to contact.
☐ Household has been exited from HMIS.

I confirm, to the best of my knowledge, that the above requirements have been completed.

SSVF Supervisor Signature: _____ Date: _____

OMB Control Number: 2900-0757
Estimated Burden: 15 minutes
Expiration Date: XX/XX/XXXX

DEPARTMENT OF VETERANS AFFAIRS

SUPPORTIVE SERVICES FOR VETERAN FAMILIES (SSVF) PROGRAM

PARTICIPANT SATISFACTION SURVEY

Number of individuals (including yourself) in household receiving support services from this provider:
1 2 3 4+

Are you enrolled in the VA health care system?
Yes No

Were you enrolled in VA health care system prior to receiving services from this provider?
Yes No

1. How would you rate the quality of the services you have received from this supportive services provider?
Extremely Poor Below Average Average Above Average Excellent

2. Did the supportive services provider involve you in creating an individualized housing stabilization plan?
Yes No
4A. If you answered Yes to Question 5, do you feel that this housing plan is a good fit for your needs?
Yes No

3. In the following table, please indicate which supportive services you received and indicate the quality of the supportive services received.

Supportive Services	Did you need this service?	Did you receive this service?	What was the quality of service?				
1. Case Management	Yes No	Yes No	Extremely Poor	Below Average	Average	Above Average	Excellent
2. Assistance in obtaining VA Benefits	Yes No	Yes No	Extremely Poor	Below Average	Average	Above Average	Excellent
3. Assistance in obtaining and coordinating other public benefits							
a. Health care	Yes No	Yes No	Extremely Poor	Below Average	Average	Above Average	Excellent
b. Daily living	Yes No	Yes No	Extremely Poor	Below Average	Average	Above Average	Excellent
c. Personal financial planning	Yes No	Yes No	Extremely Poor	Below Average	Average	Above Average	Excellent
d.	Yes	Yes	Extremely	Below	Average	Above	Excellent

OMB Control Number: 2900-0757
Estimated Burden: 15 minutes
Expiration Date: XX/XX/XXXX

Transportation	No	No	Poor	Average		Average	
e. Income support	Yes No	Yes No	Extremely Poor	Below Average	Average	Above Average	Excellent
f. Legal	Yes No	Yes No	Extremely Poor	Below Average	Average	Above Average	Excellent
g. Child care	Yes No	Yes No	Extremely Poor	Below Average	Average	Above Average	Excellent
h. Housing counseling	Yes No	Yes No	Extremely Poor	Below Average	Average	Above Average	Excellent
4. Other Supportive Services							
a. Rental Assistance	Yes No	Yes No	Extremely Poor	Below Average	Average	Above Average	Excellent
b. Utility fee payment assistance	Yes No	Yes No	Extremely Poor	Below Average	Average	Above Average	Excellent
c. Security and utility deposits	Yes No	Yes No	Extremely Poor	Below Average	Average	Above Average	Excellent
d. Moving costs	Yes No	Yes No	Extremely Poor	Below Average	Average	Above Average	Excellent
e. Purchase of emergency supplies	Yes No	Yes No	Extremely Poor	Below Average	Average	Above Average	Excellent

4. How many times have you moved since you started receiving services from this provider?
   0 1 2 3+
5. Since you started receiving services from this supportive services provider, was there a time when your income decreased so much that it became hard to pay your housing costs?

   Yes No

6. How satisfied are you with the courteousness of the staff person that you initially spoke with when you contacted the provider? (very satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied, very dissatisfied)

7. How satisfied are you with the courteousness of the staff person that you dealt with most often while you were working with this provider? (very satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied, very dissatisfied)

8. How satisfied are you with the timeliness of communication with the staff person that you dealt with most often while you were working with this provider? (very satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied, very dissatisfied)

9. If your experiences were positive with this supportive services provider, please tell us why.

10. If your experiences were negative with this supportive services provider, please tell us why.

Please list any additional suggestions as to how to improve the SSVF Program.

Tab 5

TFA

Deposits - Rental / Lease / Utility

- Rental/Lease Agreement
- Utility Invoice
- Proof of Payment (check copy, ACH Payment, Credit Card Statement (if credit card)

Rent

- Lease/Rental Agreement
- Rent Reasonableness
- Habitability Standard Inspection -
- If Shared Housing - Rent Proportional Documentation and Support
- Proof of Payment (check copy, ACH Payment, Credit Card Statement (if credit card))

Utilities

- Utility Invoice
- Proof of Payment (check copy, ACH Payment, Credit Card Statement (if credit card))

Transportation

- Invoice (taxi, bus, Uber, Vehicle Repair w/ 3 quotes, other)
- Proof of Payment (check copy, ACH Payment, Credit Card Statement (if credit card))

General Housing Stability Assistance

- Invoice/Receipt
- Proof of Payment (check copy, ACH Payment, Credit Card Statement (if credit card))

Emergency Housing Assistance -

- Emergency Housing Assistance Verification form
- Invoice/Receipt (complete showing dates and charges for all services/cost)
- Proof of Payment (check copy, ACH Payment, Credit Card Statement (if credit card))

Moving Costs

- Invoice/Receipt
- Proof of Payment (check copy, ACH Payment, Credit Card Statement (if credit card))

Child Care

- Invoice/Receipt
- Proof of Payment (check copy, ACH Payment, Credit Card Statement (if credit card))

TFA

SSVF Check Request Summary and Payment Log

Client:_____

HMIS ID:_____

Category:_____

Date of Request	Vendor	Amount	Service	# Months	Beg. Date	End Date	Notes: (How needed for housing stability)
Application Fees, Security Deposits and Rent							
Utility Deposit & Monthly Utility Payments (Electric)							
Utility Deposit & Monthly Utility Payments (Water)							

Utility Deposit & Monthly Utility Payments (Gas/Oil)							
General Housing Stability Assistance							
Other Provided Financial Assistance							