**SUPPORTIVE SERVICES FOR VETERANS FAMILIES (SSVF)**

**REFERRAL FORM**

**Veteran Information Date Referral Sent**: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_

Current Address: Length of Time There\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: ( ) DOB: \_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

Single Married Separated Number of People in Family\_\_\_\_\_\_\_\_\_ How many children?\_\_\_\_\_\_\_\_\_

Does Veteran have DD 214?  Yes  No Type of Discharge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the Veteran behind on Rent?  Yes  No Is the Veteran HUD VASH?  Yes  No

Is the Veteran facing Eviction?  Yes  No Does the Veteran rent or own home? \_\_\_\_\_\_\_\_\_

Veterans monthly rent amount? $\_\_\_\_\_\_\_ What is the total amount the Veteran is behind in rent? $\_\_\_\_\_\_\_\_\_\_\_

Is the Veteran Homeless?  Yes  No Has the Veteran been continuously homeless for a year or more?  Yes  No

The reason for homelessness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Veterans Income**

VA Pension: $\_\_\_\_\_\_\_\_ VA Compensation: $\_\_\_\_\_\_\_\_SSI: $ \_\_\_\_\_\_\_\_ SSDI: $\_\_\_\_\_\_\_\_ Employment: $ \_\_\_\_\_\_\_\_\_

Food Share: $\_\_\_\_\_\_\_\_Unemployment: $ \_\_\_\_\_\_\_Child Support: $\_\_\_\_\_\_\_ Other Income: $\_\_\_\_\_\_\_\_\_\_

**Spouse/Significant Other/Roommates Total Monthly Income:** $\_\_\_\_\_\_\_\_\_\_\_\_\_

**Background Information**

AODA:  Yes  No Treatment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current/Past: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mental Health:  Yes  No Treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current/Past: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the Veteran been diagnosed with a disability?  Yes  No **Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Has the Veteran been Arrested or Incarcerated in the last 6 Months?  Yes  No

**Probation:**  Yes  No **Parole:**  Yes  No **Offense:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referring Source**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax:(\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

**\*\*REQUIRED DOCUMENTATION: (Additional Items May Be Required)**

**\*Copy of DD 214 \*Photo Id \* Social Security Card (Spouse & Dependents)**

**\* Proof of All Income (Spouse & Dependents) \*Proof of Food Share benefits \* Eviction Notice \*Birth Certificate for Spouse & Dependents \*If Living with family/friend (Written letter signed stating how long Veteran has resided there with a contact phone number)**