SUPPORTIVE SERVICES FOR VETERAN FAMILIES ACROSS NEW ENGLAND

Veterans Inc., along with its community partners, is helping to prevent homelessness and ensure housing stability throughout New England, among low-income veteran families who reside in or are transitioning to permanent housing.

The Supportive Services for Veteran Families program offers a full continuum to qualified veterans that includes: outreach services, intense short-term case management and temporary financial assistance based on availability of funds. In addition, referral assistance is also available for public and VA benefits, healthcare, housing counseling/search, employment & training, legal services, financial planning and childcare.

For this program, you must be:

- **A member of a Veteran family:** A Veteran family is defined as a single person or a family in which the head of household or the spouse of the head of household is a Veteran (served in the active military, naval, or air service, and who was discharged or released under conditions other than dishonorable, DD214 required).

- **Very low-income:** Your household income does not exceed 50% of area mean income (as adjusted).

- **"Occupying Permanent Housing:"** You either (a) are residing in permanent housing and at-risk of losing such housing; (b) 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; or, (c) are homeless and have exited permanent housing within the previous 90 days to seek other housing that is responsive to your needs and preferences.

For more information, please call:

1-800-482-2565, option #2
Supportive Services for Veteran Families
Referral Form

Fax completed form to: (888) 854-0853

Date: ___________________ State: ________________ County of Residence: ________________

Veteran Name (print name): ________________________________

Contact Number: _______________________________________

Referred By (print name): ________________________________ with (agency name) ________________________________

Contact Number ________________________________________

☐ Veteran released from active military duty OTHER THAN DISHONORABLE (copy of DD214 required).

Housing Status (check one)

☐ Resides in permanent housing and at risk for losing housing;
☐ Homeless and/or in transitional housing and scheduled to become a resident of permanent housing within 90 days, pending the location or development of suitable permanent housing;
☐ Homeless and exited permanent housing within the previous 90 days in order to seek housing more responsive to needs and preferences.

Supportive Services Needed (check all that apply)

☐ VA vocational and rehabilitation counseling
☐ VA health care services
☐ Non-VA health care services
☐ Personal financial planning / budgeting
☐ Income support services
☐ Legal Services
☐ Temporary financial assistance
☐ Benefits Counseling / Soc. Security Help
☐ Educational assistance
☐ Employment & training services
☐ Daily living resources
☐ Transportation resources
☐ Representative payee services
☐ Housing counseling
☐ Food Bank
☐ Community Activities or Volunteer Opportunities

Identify below all resource opportunities exhausted, prior to requesting SSVF assistance:

____________________________________________________________________________________

____________________________________________________________________________________

Additional Comments (please provide a brief summary of the client’s needs and information we should know before meeting with him/her):

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