**Supportive Services for Veteran Families (SSVF) Program**

Emergency Housing Assistance Verification

The goal of **emergency housing assistance (EHA)** is to ensure household safety in the case where appropriate Health Care for Homeless Veterans (HCHV) Contracted Residential Service (CRS), community or Grant & Per Diem (GPD) options are not immediately available, or when the specific needs of a Veteran household require hotel/motel and no such hotel/motel option exists other than SSVF EHA (see criteria 1 below) and the household is seeking permanent housing or subsequent rental housing has been identified generally (see criteria 2 below) but is not immediately available for move-in by the participant. Emergency housing assistance is temporary housing provided under 38 CFR 62.34(f) in a short-term commercial residence (private residences are not eligible) not already fundedto provide emergency shelter and which does not require the participant to sign a lease or occupancy agreement. EHA allows the provision of up to 60 days of temporary housing for participant households. EHA costs cannot exceed thereasonable 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.

NOTE: Flexibilities exist in circumstances where a Veteran needs inpatient care while using EHA. Should they need to resume EHA assistance post discharge this would not be considered a break in the one instance of 60 days. In this circumstance the Veteran may utilize the remaining days available of the 60-day allowance. For any further clarification, contact your Regional Coordinator.

**Criteria Defined**

1. ***Shelter beds, transitional housing, or other resource are not available***Emergency Housing Assistance (EHA) should be used only when appropriate HCHV, CRS, community, or GPD options are not available or when the specific needs of a Veteran household require hotel/motel and no such hotel/motel option exists other than SSVF EHA. Some examples of this need may include keeping families together when community-based family shelter options do not exist in the community, if a chronically or long-term homeless Veteran with well-established resistance to program involvement is willing to accept EHA, or a homeless Veteran currently residing in an encampment and as a result of a “sweep” other sheltering options are unavailable. Please note that these examples are not all-inclusive, and grantees can document why this particular situation necessitated use of EHA. SSVF EHA is for those Veteran households seeking permanent housing (PH). *Veterans enrolled in SSVF must have active case management that includes planning for PH placement designed to make the stay in EHA as brief as possible* while ensuring the immediate and ongoing safety of the Veteran household. It is understood that Veterans may be co-enrolled in VA homeless programs.
2. ***Identified Generally***means that Veterans entered into EHA are immediately provided services *focused on obtaining permanent housing. This does not mean a unit must be identified; however, grantees must ensure a pathway toward housing, and services to support that pathway, are in place for Veterans entering EHA.* No EHA will be available beyond the 60-day limit. For this reason, it is critical that SSVF grantees work closely with VA and community partners.

**Referral Source if applicable:**

[ ]  VAMC:

(Name of Person) (Title) (Name of Organization) (Email) (Phone)

[ ]  Community Partner:

(Name of Person) (Title) (Name of Organization) (Email) (Phone)

[ ]  Other:

(Name of Person) (Title) (Name of Organization) (Email) (Phone)

**SSVF Participant Certification for Emergency Housing Assistance**

*(In urgent situations, the SSVF Participant Certification may be completed verbally with a note and date on when it was completed. It is the expectation that it is signed during the next in-person meeting.)*

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

[ ]  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 HCHV CRS, community, or GPD options and/or these options are not available *nor are other resource available* (e.g., staying with family or friends). I have no other resources available to me to pay for temporary or permanent housing tonight.

[ ]  I understand the emergency housing assistance (EHA) through SSVF is only available for up to 60 days and 1 time during a 2-year period.

Head of Household Signature: Date:

For emergency situations, verbal consent was provided on (date). This section will be signed during the next in-person meeting.

**SSVF Staff Certification**

**I, , certify to the following conditions (check boxes):**

 (Print name)

[ ]  **Describe documentation used to determine verification of Veteran Status.**

[ ]  **All other shelter options and housing resources have been explored and are not available or not appropriate based on the Veteran’s situation.**

*Please briefly describe why EHA is the only available resource for shelter:*

[ ]  **The cost of the temporary emergency housing is reasonable for the community standard.**

 *Please briefly describe how staff confirmed that the cost of EHA was reasonable (e.g., below the General Services Administration (GSA) daily lodging rates* [*GSA Travel Rates*](https://www.gsa.gov/travel/plan-book/per-diem-rates) *or called and compared area hotels for quotes)*

 [ ]  **The Veteran enrolled has active or is comitted to case management that includes planning for permanent housing placement designed to make the stay EHA as brief as possible while ensuring the immediate and ongoing safety of the Veteran household. A pathway toward housing, and services to support that pathway, are in place for the Veteran entering EHA.**

**I certify that this EHA is a pathway to move from emergency housing into permanent housing based on the conditions outlined above.:**

SSVF Staff Signature: Date:

SSVF Supervisor Signature: Date:

**To be Filled Out Following Completion of EHA Payment Period**

Date Household Entered Emergency Housing: / /20\_\_

Date Household Exited Emergency Housing: / /20\_\_

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.***