



VETERANS Inc.

SUPPORTIVE SERVICES FOR VETERAN FAMILIES (SSVF)

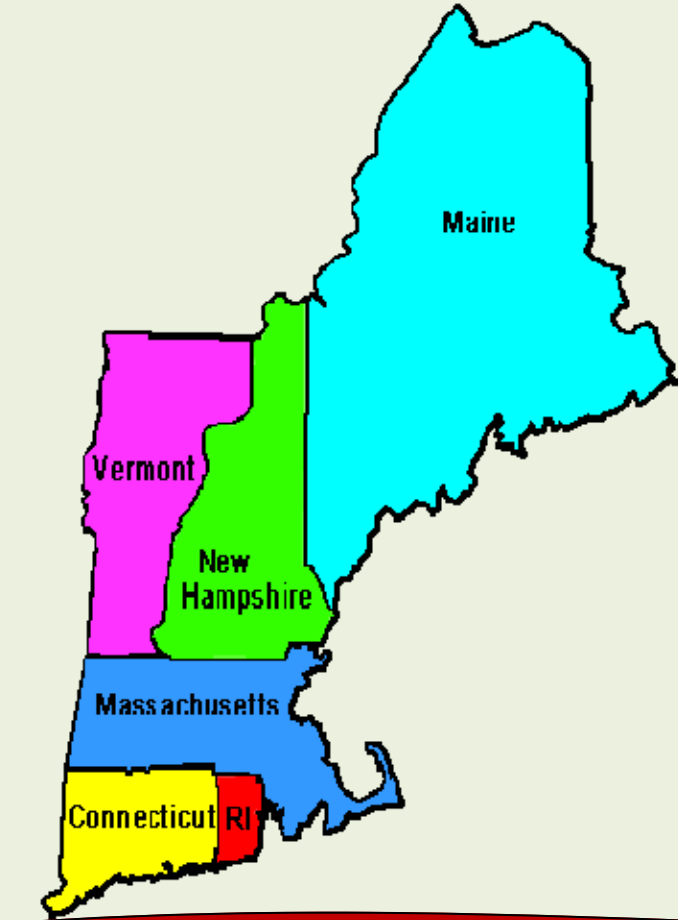
*They were there when we needed them.
We must be there now that they need us.*

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) have exited permanent housing within the previous 90 days to seek other housing that is responsive to your needs and preferences.

Connecticut - Friendship Center, 860-225-0211 ext. 210 or 211

Maine - ESM, Inc., 207-622-5946

Massachusetts - Veterans Inc., 508-845-6176 ext. 329

New Hampshire - New Horizons, Inc., 603.668.1877 ext.124

Rhode Island - Veterans Inc., 401-595-5253

Vermont - Veterans Inc., 802-451-9189



Supportive Services for Veteran Families (SSVF)
Request for Services: **Referral Form**

Referral Date: _____

Applicant Name (print name): _____

Veteran released from active military duty **OTHER THAN DISHONORABLE**; copy of DD214 attached.

Applicant Contact Number: _____

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

Referred By Contact Number# _____

(Select a Category)

- Category 1** – Prevention (Currently residing in permanent housing and at risk for losing housing)
- Category 2** – Rapid Re-Housing (Currently 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)
- Category 3** – Rapid Re-Housing (Exited permanent housing within the previous **90** days in order to seek housing more responsive to needs and preferences)

Location of Applicant and Where to Send Referral Form:

Connecticut

Friendship Center, 860-832-8903 (fax); 860-225-0211 ext. 210 or 211 (office)

Maine

ESM, Inc., 207-622-4667 (fax); 207-622-5946 (office)

Massachusetts

Veterans Inc., 508-845-6295 (fax); 508-845-6176 x329 (office)

New Hampshire

New Horizons, Inc., 603.668.2578 (fax); 603.668.1877 ext.124 (office)

Rhode Island

Veterans Inc., 401-521-1478 (fax); 401-595-5253 (office)

Vermont

Veterans Inc., Fax: 802- 222-5100; 802-451-9189 (office)

Supportive Services Needed (*check all that apply*):

- | | |
|--|--|
| <input type="checkbox"/> VA vocational and rehabilitation counseling | <input type="checkbox"/> VA educational assistance |
| <input type="checkbox"/> VA health care services | <input type="checkbox"/> VA employment & training services |
| <input type="checkbox"/> Non-VA health care services | <input type="checkbox"/> Non-VA daily living resources |
| <input type="checkbox"/> Personal financial planning | <input type="checkbox"/> Transportation resources |
| <input type="checkbox"/> Income support services | <input type="checkbox"/> Representative payee services (Rep Payee) |
| <input type="checkbox"/> Legal Resources | <input type="checkbox"/> Housing counseling |
| <input type="checkbox"/> TFA (Prevention or Rapid Re-Housing) | <input type="checkbox"/> Food Bank |
| <input type="checkbox"/> Benefits Counseling / Soc. Security Help | <input type="checkbox"/> Community Activities |

Other: _____

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

