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

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

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):

VA vocational and rehabilitation counseling
VA health care services
Non-VA health care services
Personal financial planning
Income support services
Legal Resources
TFA (Prevention or Rapid Re-Housing)
Benefits Counseling / Soc. Security Help

VA educational assistance
VA employment & training services
Non-VA daily living resources
Transportation resources
Representative payee services (Rep Payee)
Housing counseling
Food Bank
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):

_________________________________________________________________________________

_________________________________________________________________________________

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