INITIAL REFERRAL FORM

KI BOIS Community Action Foundation Inc. offers the VA funded SSVF program. It is designed to rapidly rehouse and prevent homelessness to improve housing stability for very low-income veteran families. This form is provided for you and your organization to provide referrals for veterans with whom you are in contact who may qualify for this service.

Please send to the SSVF Program
421 W. Broadway, Muskogee, OK 74401 - Fax: 918.684.1792 or email to SSVF@KIBOIS.org

VETERAN’S INFORMATION: (Please complete ALL fields in this section before submitting)

VETERAN’S NAME: ____________________________ CONTACT #: ____________________________
First MI Last

Number of persons in veteran’s household: Total _____ Children _____ Adults _____
NOTE: household includes all persons living with veteran as well as income for all household members. A single veteran may be a household.

Current County: ____________________________ Annual income: ____________________________

ELIGIBILITY: Is veteran in possession of DD214? Yes / No; if no what documentation of Veteran Status is provided? ____________________________

Length of Service: _____ (months) Branch of Military: __________________ Discharge Status __________________
NOTE: SSVF Program guidelines do not extend services to veterans with a Dishonorable Discharge

Where is the Veteran staying or living? ____________________________

Veteran’s current housing status: Homeless (RRH) _______ Imminent risk of homelessness (HP) _______

REFERRAL BY: ____________________________ CONTACT #: ____________________________ Date: ____________

To be completed by SSVF Staff:

Date of follow up: ____________________________ SSVF staff completing follow up: ____________________________

Veteran status verified? _____ YES _____ NO
*If veteran status has not been verified, may KI BOIS SSVF check veteran status on SQUARES system? _____YES _____NO

If SQUARES verification is granted by veteran you will need: Veteran SSN:_____________________ & Veteran DOB:_________________

Meets initial criteria?
_____ YES SSVF enrollment date: ________________

If veteran is eligible and not enrolled why? No show for enrollment Waived CM Service Directed Housing Intervention

_____ NO Reason: veteran status exceeds Income not at imminent risk

If veteran was not eligible, where was veteran referred to: ____________________________ Referral date: ____________

Please complete back side of form with veteran at time of screening if not available for SSVF services.

NOTES:
__________________________
__________________________
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Revised April 2019