



KI BOIS Community Action Foundation Inc.
Supportive Services For Veteran Families (SSVF)



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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