



INITIAL REFERRAL FORM

KI BOIS offers the VA funded SSVF program designed to rapidly rehouse and prevent homelessness for very low-income veteran families. Please send to the SSVF Program - Phone: 681.7525 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 N			
Number of persons in veteran's household: NOTE: household includes all persons living with ve		Adults usehold members. A single veteran may be a househo	old.
Current County:	Annual income	e:	
ELGIBILITY: Is veteran in possession of DD214	I? Yes/ No; if no what docum	nentation of Veteran Status is provided?	
Length of Service:(months) Branch o NOTE: SSVF Program guidelines do not extend serv			
Where is the Veteran staying or living?			
Veteran's current housing status: Homeless ((RRH) Imminent ris	k of homelessness (HP)	
REFERRAL BY: Date:N	lame:	Agency:	_
Contact #:E	Email Address:		_
To be completed by SSVF Staff:			
Date of follow up:	SSVF staff completing follow	up:	
Veteran status verified? YESNO			
*If veteran status has not been verified, may I If SQUARES verification is granted by veterar		us on SQUARES system?YESNO & Veteran DOB:	
Rapid Resolution Completed:NO	YES (Date :) (<i>Use P</i>	Page 2)	
Meets initial criteria?			
YES SSVF enrollment date:			
	_	_ Waived CM Service Directed Housing Interve	ention
NO Reason: veteran status exceed			
If individual was not eligible, where they refer	red for services?:NO	YES (Date :) (Use Page 2)	
If Veteran was homeless where they submitte	ed for the By Name List?	YES (Date :)NO	
Please complete back side of form with veter	an at time of screening if not a	available for SSVF services.	

NOTES: