



*Supporting Veteran Families  
"Beyond the Battlefield"  
Since 2005*

Database Referral: \_\_\_\_\_ HMIS: Yes/No HMIS Number: \_\_\_\_\_

## Supportive Services for Veteran Families (SSVF) Program Referral Form

Referral Date: \_\_\_\_\_

Applicant Name (print full name): \_\_\_\_\_

Applicant Contact Number: \_\_\_\_\_

Date of Birth: (Month/Day/Year): \_\_\_\_\_ SSN: \_\_\_\_\_

Was veteran released from active duty with an OTHER THAN DISHONORABLE: Yes \_\_\_ No \_\_\_

Is the DD 214 attached: Yes \_\_\_ No \_\_\_

Branch of Service: \_\_\_\_\_ Dates Served: \_\_\_\_\_

Character of Discharge: \_\_\_\_\_

Housing Status: Rapid-Rehousing \_\_\_\_\_ Homeless Prevention \_\_\_\_\_

Number of persons in Household: Adults: \_\_\_\_\_ Children: \_\_\_\_\_ Total: \_\_\_\_\_

Referred By: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Referred By Contact Number: (\_\_\_\_\_) \_\_\_\_\_

Has veteran received SSVF Services before from any agency? Yes \_\_\_ No \_\_\_

If so, what agency? \_\_\_\_\_

VIC SSVF Form 027, Dated 14 January 2020

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