

**Veterans First
Exit Interview/Discharge Summary**

Participant(s): _____ Date: _____

Case Manager: _____

Entry date: _____ Exit date: _____ Housing category (1, 2, or 3): _____

Exit Destination (Permanent Address or Other Dest.): _____

Financial Assistance Summary

- Rental Assistance (___ mos.) Security Deposit Moving Assistance (\$____)
- Utility Assistance (___ mos.) Child Care Assistance (___ mos.) Storage (___ mos.)
- Transportation Assistance (\$____) Emergency Housing Assistance (___ days)
- Other Financial Assistance (\$____, Items: _____)

Supportive Services Summary

- Case Management Housing Search/Placement Eviction Prevention Employment
- Health Care Referrals Dental Referrals Mental Health Referrals Legal Referrals
- Substance Abuse Referrals Daily Living Referrals Financial Counseling/Budgeting
- Documentation (DD-214, ID Card, VHA ID, Etc.) Housing Counseling/Life Skills
- Benefits Referrals

Did your household income change while participating in the program?:

- Yes (Increase) Yes (Decrease) No

If yes, what caused the change in income (gained/lost employment, benefits, etc.):

Did your household receive any **new** benefits while participating in the program?:

- Yes No (But Applied For) No

If yes or applied for, what benefits?

- Service-Connected Disability VA Pension VA Education (VRAP, GI Bill)
- Vocational Rehab (CWT) VA Medical Food Stamps
- Medicaid Medicare QMB
- SSI/SSDI Social Security Housing Voucher (VASH, Sec. 8, etc.)
- Other: _____

Summary of Service Participation:

What goals did you achieve while participating in the program?

Do you have any goals you have not yet achieved? What resources can we provide to assist?

What aspect of the program was most beneficial?

How can we improve our services in the future?

Other Participant Comments:

How do you rate the services you received overall?

Excellent

Good

Average

Fair

Poor

Case Manager Signature

Date

Participant Signature

Date

If Participant is unable to sign, explain why

Veterans First - Income Calculation Worksheet

Household Member Number	Household Member Name	Age of Household member	FY2015 Limits- 30% AMI	FY2015 Limits- 50% AMI
1				
2			1- \$22,950	1- \$38,250
3			2- \$26,200	2- \$43,700
4			3- \$29,500	3- \$49,150
5			4- \$32,750	4- \$54,600
6			5- \$35,400	5- \$59,000
7			6- \$38,000	6- \$63,350
8			7- \$40,650	7- \$67,750
9				
10				
11				
Total Household Members (household size)				
50% of Area Median Income (AMI) for Household Size		\$		

Household Member Number	Sources of Household Income	Gross Documented Current Income Amount	Frequency of Income	Annual Gross Income (gross income amount x # of payments per year)
	Earned Income (Adult household members only)			
	Earned Income (Adult household members only)			
	Self-employment/business income			
	Interest and Dividend Income			
	Income from Assets			
	Pension/Retirement Income			
	Unemployment and Disability Income			
	Unemployment and Disability Income			
	TANF/Public Assistance			
	Alimony, Child Support and Foster Care Income			
	Armed Forces Income			
	Other (specify)			
	Other (specify)			
Total Annual Gross Income from all Sources				
50% of Area Median Income for Household Size				
30% of Area Median Income for Household Size				
Is the household at or below 50% AMI?				
Is the household at or below 30% AMI?				

Participant Signature: _____ Supervisor Approval: _____

Case Manager Signature: _____ Date Completed: _____

Supportive Services for Veteran Families (SSVF) Program
SELF-DECLARATION OF INCOME

SSVF Participant Name: _____

This is to certify the income status for the above named individual. Income includes but is not limited to:

- The full amount of gross income earned before taxes and deductions.
- The net income earned from the operation of a business, i.e., total revenue minus business operating expenses. This also includes any withdrawals of cash from the business or profession for your personal use.
- Monthly interest and dividend income credited to an applicant's bank account and available for use.
- The monthly payment amount received from Social Security, annuities, retirement funds, pensions, disability and other similar types of periodic payments.
- Any monthly payments in lieu of earnings, such as unemployment, disability compensation, SSI, SSDI, and worker's compensation.
- Monthly income from government agencies excluding amounts designated for shelter, and utilities, WIC, food stamps, and childcare.
- Alimony and child support payments received from organizations or from persons not residing in the dwelling.
- All basic pay, special day and allowances of a member of the Armed Forces excluding special pay for exposure to hostile fire.

Check only one box and complete only that section.

I certify, under penalty of perjury, that I currently receive the following income:

Source: _____ Amount: _____ Frequency: _____
Source: _____ Amount: _____ Frequency: _____
Source: _____ Amount: _____ Frequency: _____

SSVF Participant Signature: _____ Date: _____

I certify, under penalty of perjury, that I do not have any income from any source at this time.

SSVF Participant Signature: _____ Date: _____

SSVF Staff Verification

I understand that third-party verification is the preferred method of certifying income for SSVF assistance. I understand self declaration is only permitted when I have attempted to but cannot obtain third party verification.

Documentation of attempt made for third-party verification:

SSVF Staff Signature: _____ Date: _____

**Friendship Place
Veterans First – Exit Housing Stability Plan**

Participant Name: _____ **Exit Date:** _____

Case Manager Name: _____

PURPOSE OF THIS PLAN: To assist participant in remaining stably housed following completion of SSVF services.

Goals:	
Action Steps	Target Date for Completion
Participant Signature:	
Case Manager Signature:	

Final Case Manager Recommendations/Referrals: _____
