Supportive Services for Veteran Families (SSVF) Program

Notice of Funding Availability (NOFA) Workshop

October 2014
I. SSVF Program Overview
II. Notice of Fund Availability (NOFA) Overview
III. Developing a Program Design
IV. Basing Design on Current Knowledge
V. Understanding VA Programs
VI. Application Review
I. SSVF Program Overview
Goal of SSVF Program

• Quickly resolve the housing crisis faced by homeless and at-risk Veteran families by employing a Housing First approach.

Process

• VA will award grants to eligible entities (private non-profit organizations and consumer cooperatives)

• Grantees will provide supportive services to very low-income Veterans and their families who are homeless or at-risk of homelessness
1. **Authority:** 38 U.S.C. 2044 / Section 604 of Veterans’ Mental Health and Other Care Improvements Act of 2008 / P.L. 110-387

2. **Purpose:** To provide grants to eligible entities to facilitate the provision of supportive services to very low-income Veteran families who are “occupying permanent housing”

3. **Status:**
   b) Application, webcast recordings, and FAQs available on SSVF website: [http://www.va.gov/HOMELESS/SSVF.asp](http://www.va.gov/HOMELESS/SSVF.asp)
   c) Applications are due **no later than the date indicated in the NOFA announcement. Late applications will not be accepted.**
Eligible Entities
(private nonprofit organizations or consumer cooperatives)

Provide Supportive Services

Participants
(very low-income Veteran families “occupying permanent housing”)
To be eligible for a SSVF grant, the applicant must be either:

<table>
<thead>
<tr>
<th>Types of Eligible Entity</th>
<th>Documentation Required</th>
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<tbody>
<tr>
<td><strong>Private nonprofit organization</strong> means any of the following four entities:</td>
<td></td>
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<tr>
<td>1. An incorporated private institution or foundation that:</td>
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<tr>
<td>a) Has no part of the net earnings that inure to the benefit of any member, founder,</td>
<td>1. IRS ruling certifying tax-exempt status under the IRS</td>
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<tr>
<td>contributor, or individual;</td>
<td>Code of 1986</td>
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<tr>
<td>b) Has a governing board that is responsible for the operation of the supportive services</td>
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<td>provided under this part; and</td>
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<tr>
<td>c) Is approved by VA as to financial responsibility.</td>
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<tr>
<td>2. A for-profit limited partnership, the sole general partner of which is an organization</td>
<td>2. Partnership Agreement</td>
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<tr>
<td>meeting the requirements of paragraphs (1)(a), (b), and (c) above.</td>
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<tr>
<td>3. A corporation wholly owned and controlled by an organization meeting the requirements</td>
<td>3. Articles of Incorporation or By-Laws</td>
</tr>
<tr>
<td>of paragraphs (1)(a), (b), and (c) above.</td>
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<tr>
<td>4. A tribally designated housing entity (as defined in section 4 of the Native American</td>
<td>4. Indian Housing Plan Tribal Certification</td>
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<tr>
<td>Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4103)).</td>
<td></td>
</tr>
<tr>
<td><strong>Consumer Cooperative</strong> has the meaning given such term in section 202 of the Housing Act</td>
<td>State certification of consumer cooperative status</td>
</tr>
</tbody>
</table>
1. **Veteran Family:**  
   a) Veteran* who is a single person, or  
   b) Family in which the head of household, or the spouse of the head of household, is a Veteran  

2. **Very Low-Income:** <50% area median income (www.huduser.org)  

3. **“Occupying Permanent Housing”:**  
   a) Category (1): Currently residing in permanent housing  
   b) Category (2): Currently homeless, scheduled to become resident of permanent housing within 90 days pending the location or development of suitable permanent housing  
   c) Category (3): Currently homeless, exited permanent housing within the previous 90 days in order to seek housing more responsive to needs and preferences

*“Veteran” means a person who served in the active military, naval, or air service, and who was discharged or released under conditions other than dishonorable. Must meet VA eligibility requirements as described in [www.va.gov/homeless/ssvf.asp](http://www.va.gov/homeless/ssvf.asp).
Required Supportive Services:

1. Outreach services (Section 62.30)
   - Use best efforts to ensure that hard-to-reach eligible participants are found, engaged, and provided supportive services
   - Active liaison with local VA facilities, State, local, tribal, and private agencies and organizations providing services
   - Participation in Continuum of Care’s (CoC’s) Coordinated Assessment

2. Case management services (Section 62.31)
   - Careful assessment of participant functions
   - Developing and monitoring case plans
   - Establishing linkages to help participants
   - Providing referrals and performing related activities as necessary
   - Deciding how resources are allocated to participants
   - Educating participants on issues
Required Supportive Services (Cont’d):

3. Assist participants to obtain VA benefits (Section 62.32)
   - Vocational and rehabilitation counseling
   - Educational assistance

4. Assist participants to obtain and coordinate the provision of other public benefits provided by Federal, State, or local agencies, or any eligible entity in the area served by the grantee (provided directly or through referral to partner agencies) (Section 62.33)
   - Health care services
   - Fiduciary and representative payee services
   - Legal services
   - Child care
   - Housing counseling services
Required Supportive Services (Cont’d):

5. Temporary financial assistance (TFA) payments
   • Payments must help participants remain in or obtain permanent housing
   • Payments are subject to the restrictions in the Final Rule and the Notice of Fund Availability (NOFA), including time/amount limitations, development of housing stability plan, payments only to third parties
   • TFA **must** be budgeted at 40 to 50 percent of program budget.

Optional Supportive Services:

• Other services which may be suggested by an applicant, a grantee, or VA in the future that are consistent with the SSVF Program
<table>
<thead>
<tr>
<th>Type of Temporary Financial Assistance</th>
<th>Time/Amount Limitation</th>
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<tbody>
<tr>
<td>Rental Assistance*</td>
<td>Max. of 8 months in a 3-year period; no more than 5 months in any 12-month period</td>
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<tr>
<td>Utility-Fee Payment*</td>
<td>Max. of 4 months in a 3-year period; no more than 2 months in any 12-month period</td>
</tr>
<tr>
<td>Security Deposits or Utility Deposits*</td>
<td>Max. of 1 time in a 3-year period for security deposit; Max. of 1 time in a 3-year period for utility deposit</td>
</tr>
<tr>
<td>Moving Costs*</td>
<td>Max. of 1 time in a 3-year period</td>
</tr>
<tr>
<td>Emergency Supplies*</td>
<td>Max. $500 during a 3-year period</td>
</tr>
<tr>
<td>Child Care**</td>
<td>Max. of 4 months in a 12-month period</td>
</tr>
<tr>
<td>Transportation**</td>
<td>Tokens, vouchers, etc. – no time limit Car repairs/maintenance – max. of $1,000 during 3-year period</td>
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*See § 62.34 of Final Rule for additional requirements and restrictions.

**See § 62.33 of Final Rule for additional requirements and restrictions.
Supportive Services Grant Agreements

Selected applicants will execute an agreement with VA which provides that the grantee agrees (and will ensure that each of its subcontractors agree) to:

1. Operate the program in accordance with Final Rule and your application

2. Comply with other terms and conditions, including recordkeeping and reports for program monitoring and evaluation purposes, as VA may establish for purposes of carrying out the SSVF Program in an effective and efficient manner

3. Provide such additional information as deemed appropriate by VA
Changes After Grant Award

• **Significant Changes** – submit to VA written request BEFORE implementing a significant change; if VA agrees, will issue an amendment. Examples:
  • Change in grantee or any identified subcontractors
  • Change in area or community served
  • Additions or deletions of supportive services being provided
  • Change in category of participants served
  • Change in budget line items more than 10% of grant award

• **Key Personnel Changes/Address Changes** – inform VA within 30 days

• **Corrective Action Plan (CAP)** – VA may require CAP if:
  • On a quarterly basis, actual grant expenditures vary from amount disbursed
  • Actual grant activities vary from description in grant agreement
How SSVF Differs from Other VA Programs

- Focus is on housing stability, not treatment.
- Grantees will be community-based organizations
- Grantees will serve Veterans and their families
- Homelessness prevention and rapid re-housing focus
- Temporary financial assistance payments may be provided to third parties on behalf of participants
How SSVF Complements Other Programs

• A synergistic complement to DOL’s Homeless Veterans’ Reintegration Program (HVRP). Veterans receive the employment and training services they need in order to re-enter the labor force.
• Find a HVRP grantee at http://bbi.syr.edu/nvtac/index.htm
• A services “bridge”/enhancement to permanent supportive housing (e.g. in conjunction with the HUD-VASH Program)
• A stand-alone, short-term, intensive case management model (e.g. in conjunction with a program using a critical time intervention model)
• Can complement a homelessness, eviction, or housing crisis prevention program such as HUD’s Emergency Solutions Grants (ESG) program or local Temporary Assistance to Needy Families (TANF) programs.
How SSVF Complements Other Programs

SSVF grantees can connect to a wide range of community resources.

- HVRP: [www.dol.gov/vets/programs/hvrp](http://www.dol.gov/vets/programs/hvrp)
- Benefits Assistance Support System (BASS): [www.bass4vets.org](http://www.bass4vets.org)
- National Foundation for Credit Counseling, [www.nfcc.org](http://www.nfcc.org), a counselor can be reached at (800)388-2227
- Available income, health, educational and other supportive services benefits: [www.govbenefits.gov](http://www.govbenefits.gov)
II. Notice of Fund Availability (NOFA)
Overview
Application Availability

- Application package is posted on the SSVF website (http://www.va.gov/homeless/SSVF.asp) – includes PDF files (Application Form and Screening Tool: Exhibit II), and Excel file (Budget: Exhibit III).

Application Deadline

- Two copies and two CDs of application (prepared in accordance with NOFA requirements) are due by the time indicated on the NOFA announcement. Late applications will not be accepted.
• Applicants can submit multiple applications, but are limited to 1 application for each identified CoC.

• Applicants must apply as new applicants, though performance on previous grants will be considered in scoring.

• Grant applicants are strongly encouraged to seek letters of support from both the CoC and VA, however such letters are not required.

• All letters of support from any source must arrive by the application deadline and be included with the grant application to be considered in the review.
Allocation

• Up to $93 million available for SSVF grants this year.
• Funding targets 28 high priority Continuums of Care (CoCs) listed in the NOFA.
  – Unlike the previous NOFA, no pre-set funding limit for these CoCs.
• Funding is for 3 years and is non-renewable.
• All applicants must apply as new applicants.
• Maximum allowable grant size is $2 million per year per grantee or $6 million over the 3-year term of the grant (limits do not apply to sub-contractors.)
• Currently funded SSVF programs cannot apply for renewal funding through this NOFA.
Use of TFA Funds

- TFA budget must be between 40 and 50% of overall budget.
- Appropriate to ask for co-pays. Payments to third party only.
- Limits on time described in Final Rule

For TFA funding:
- 60% or more can be spent on Rapid Re-Housing (categories 2 and 3)
- A maximum of 40% can be spent on prevention (category 1).
Payments of Supportive Services Grant Funds

- Payments will be made to grantees electronically via the Department of Health and Human Services’ (HHS) Payment Management System
- Grantees may request payments as frequently as they choose, subject to the following limitations:

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<tr>
<th>Time Period</th>
<th>Limitation on Cumulative Requests for Grant Funds</th>
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<tr>
<td>During 1st Qtr of Grant Award Period</td>
<td>May not exceed 35% of the total grant award without written approval by VA</td>
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<tr>
<td>End of 2nd Qtr of Grant Award Period</td>
<td>May not exceed 60% of the total grant award without written approval by VA</td>
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<tr>
<td>End of 3rd Qtr of Grant Award Period</td>
<td>May not exceed 80% of the total grant award without written approval by VA</td>
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<tr>
<td>End of 4th Qtr of Grant Award Period</td>
<td>May not exceed 100% of the total grant award</td>
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Approach – Insight into VA’s Expectations

- SSVF funding to be used under “but for” criteria
- Leverage grant funds to enhance housing stability of very low-income Veteran families occupying permanent housing
- Veterans should contribute co-pays whenever possible
- Required to establish relationships with CoC and participate in coordinated assessment and HMIS
- SSVF Program not intended to provide long-term support for participants, nor will it be able to address all the financial and supportive services needs of participants that affect housing stability; partnerships and referrals are critical (e.g. HUD-VASH, HUD’s Housing Choice Voucher programs, McKinney-Vento funded supportive housing programs, TANF)
**Goals and Objectives for Awards under NOFA**

- Enhance the housing stability and independent living skills of very low-income Veteran families occupying permanent housing across geographic regions.
- Rapidly re-house or prevent homelessness among the following target populations who also meet all requirements for being part of a very low-income Veteran family occupying permanent housing:
  1. Veteran families earning less than 30% of area median income (AMI) as most recently published by HUD ([http://www.huduser.org](http://www.huduser.org))
  2. Veterans with at least one dependent family member
  4. Veteran families located in a community, as defined by HUD CoCs, not currently served by a SSVF grantee.
  5. Veterans located in a rural area.
  6. Veteran families located on Indian Tribal Property.
Guidance

• When serving participants in category 1 (prevention), ask: “Would this individual or family be homeless but for this assistance?”
  – Review risk factors in NOFA
  – May want to focus on: housing stabilization; linking to community resources and mainstream benefits; development of a plan to prevent housing instability; temporary financial assistance

• When serving participants in categories 2 and 3 (homeless), may want to focus on:
  – Housing counseling
  – Assisting participants to understand leases
  – Securing utilities
  – Making moving arrangements
  – Third party financial representative to pay rent and utilities
  – Mediation and outreach to property owners related to locating or retaining housing
  – Rental assistance, deposits, moving costs, emergency supplies
Monitoring and Reporting

- Grantees will have VA liaison (SSVF Regional Coordinator) who will provide oversight and monitor supportive services provided to participants.

- Monitoring (site visits) will also be conducted by VA contractor.

- Grantees must submit quarterly and annual financial and performance reports.

- Grantees must transmit HMIS data monthly.

- Grantees must provide each participant with satisfaction surveys (to be provided by VA), which will be submitted directly to VA, 45-60 days after entry and within 30 days of exit from the grantee’s program.
Cost Plan and Budget

- Grantees must specify (in both the narrative and budget form) what program costs will be used for the direct provision and coordination of supportive services [to be included in Section I of the budget] and which costs are associated with the management of the program [to be included in Section II of the budget].

- Grantees should research and include estimated costs related to utilization of HMIS (system access and training, if necessary).

- Line items in each budget should be clearly specified in Section D narrative, including estimated cost and time commitments of SSVF personnel.

- Consider costs for training of SSVF personnel (beyond VA-sponsored events). VA training costs already included in budget template.
Entering Data into HMIS

- Homeless Management Information System (HMIS) is a computerized data collection tool specifically designed to capture individual-level, system-wide information over time on the characteristics and service needs of men, women, and children experiencing homelessness.
- HMIS is typically web-based software applications that communities implement to enter and share individual-level data across agencies about homeless persons served in shelters or other homeless service agencies.
- Makes standard data collection procedures easier.
- Able to compare broader range of programs, helping to identify best practices.
- Better understand the needs of all homeless persons and unique characteristics of Veterans.
- Opportunity to better coordinate services across VA and community run programs.
Entering Data into HMIS

- Grantees must enter data into a Homeless Management Information System (HMIS) web-based software application. Client-level data must be exported to VA on a regular basis.
- SSVF programs must participate in their local Continuum of Care Homeless Management Information System (HMIS)
- SSVF program grantees should work with HMIS administrators to set up the SSVF program in HMIS as soon as their grants are executed
- HMIS allows the aggregation of client-level data across homeless service agencies to generate unduplicated counts and service patterns of clients served.
• SSVF requirements described in new HMIS data collection standards.
• SSVF will be required to collect data from all 3 of the data element categories
  – Program Descriptors
  – Universal Data Elements
  – Program-Specific Data Elements
• All data will be collected in HMIS, but data analysis and reporting will be facilitated by VA
III. Developing A Program Design
Most important focus is housing stability. SSVF is a housing first model.

Goal is to provide sufficient resources to stabilize housing or end homelessness.

SSVF serves the entire household.

Intervention is a short-term, crisis intervention.

SSVF services are offered on a “but for” basis.

Intensity and scope of services must match identified needs.

Services integrated with community resources.
Basic Concepts

• How to apply the “But For” rule?
  – Who would become homeless “but for” intervention?
• Use of VA developed screening tool to determine availability and intensity of prevention services.
  – Stage 1 screener for “light touch” services
  – Meet threshold score on Stage 2 screener for more intensive services including TFA
• How to determine appropriate (and efficient) responses to support housing stability
  – Mainstream services
  – VA services
  – SSVF Intensive case management
  – SSVF Financial supports (TFA)
• Sustainability - will the intervention prevent homelessness or just postpone it?
Elements necessary to stabilize housing

1. Strong relationships with landlords
2. Linkages to mainstream resources for benefits such as TANF, Medicaid, and SNAPS
3. Services that aid stabilization
   - Legal assistance
   - Landlord mediation
   - Financial assistance
   - Transportation assistance
   - Child Care
4. Case management
5. Long-term income resources
   - Employment & training
   - Disability benefits (SSI/SSD, VBA)
Case Management

• Supports housing stability as a priority. Housing not contingent on treatment.
• Define intensity required to meet housing stability, not treatment, goals.
• Strength-based approach both to engage successfully and reflect program priorities.
• Must include planning for housing stability after short-term SSVF intervention is complete.
• Requires knowledge about available VA and community resources so services offered are based on needs of Veteran family, not grantee.
• Must be involved in Coordinated Assessment.
• Outreach to target population – serve those identified as at-risk.
• Shelter diversion efforts should be a focus.
• Establish referral relationships with agencies appropriate to target population: shelters, food pantries, VA, TANF offices, housing courts, criminal justice, hospitals, substance use treatment facilities, schools, etc.
• Outreach, screening & assessment must be done quickly – offering rapid re-housing or prevention in a response to a crisis.
• 100 million Americans face civil justice problems that can impact housing, jobs, income, and children.

• Many poor Americans do nothing in response or try to avoid, likely due to lack of access to legal assistance or lack of knowledge about their rights.

• In light of continued funding cuts for legal aid, the practical reality for local programs is that without a sub-award their vets won’t get the help they need with just a referral.
FY 2013 SSVF Results

- 79 percent of all rapid re-housing and 89 percent of all prevention discharges placed are permanently housed.
- Over 65,000 served, including nearly 16,000 dependent children.
- Approximately 75 percent of all those served had AMI below 30 percent.
- 15 percent (5,865) of Veterans served women.
- 17 percent (6,610) served in Iraq or Afghanistan.
*Other TFA Expenditures include transportation costs, moving costs, other costs as approved by the VA and Child Care. Each of these other expenditure types was less than 3% of total TFA costs in FY 2012-2013.
Without VASH

Permanent Housing Exits | Non-Permanent Housing Exits
--- | ---
No Income | 73% | 73%
500 or less | 76% | 78%
501 - $1,000 | 80% | 86%
$1,001 - $2,000 | 20% | 14%
$2,001+ | 12% | 7%
n = 22,086

With VASH

Permanent Housing Exits | Non-Permanent Housing Exits
--- | ---
No Income | 80% | 20%
500 or less | 82% | 18%
501 - $1,000 | 83% | 17%
$1,001 - $2,000 | 84% | 16%
$2,001+ | 85% | 15%
n = 29,593
Veterans Income Change from Entry to Exit

- SSVF Total: $303
  - Median At Entry: $197
  - Median Change: $199

- Rapid Re-housing: $251
  - Median At Entry: $303
  - Median Change: $199

- Prevention: $395
  - Median At Entry: $167
  - Median Change: $199
Participants with PH Destinations Avoiding Re-Entry into VA Homeless Programs
SSVF is built on YOUR expertise

- Show us your knowledge of your community.
- Show us your knowledge of the needs of the homeless Veterans in your area.
- Show us how YOU will work with SSVF to end Veteran homelessness in your community.
• We begin with a recognition that every person/family who is homeless or at-risk has different concerns and needs to be addressed. These concerns may not match agency/provider interests. May need partners or bring in new expertise.

• To offer Veteran appropriate options, must know what they are. Essential to coordinate with VA in service area. All VA funded providers have a responsibility to help Veterans get the right service at the right time.

• To get to Zero requires the development of a broad coordinated continuum of care that can address the needs identified by Veterans. Services need to be delivered both effectively and efficiently for this goal to be met.
IV. Basing Design on Current Knowledge
Veteran PIT Counts

Source: PIT data, 2009 - 2013

Sheltered Veterans
Unsheltered Veterans
Total Veterans

24% Overall decrease from 2009 to 2013

Decrease
1% 12% 7% Decrease 8% Decrease
• Veterans served in SSVF are generally skewed younger than those typically found in the homeless Veteran population. Driving this trend were the larger proportion of Veterans who were between the ages of 18-34 (18 percent). This contrasts with the 9 percent aged 18-34 of all homeless Veterans.

• Approximately 45 percent of participants served were in households that included dependent children.
• More than half (55 percent or 21,721) of the 39,649 Veterans participants had a disabling condition, along with one-fifth (21 percent or 2,009) of the 9,661 non-Veteran adults (e.g. spouses and adult children).
• Of those Veterans served by SSVF who were also treated in the VA Health Care System, many report being treated for serious health and mental health conditions: Cardiovascular disease (51 percent), Substance Use Disorder (44 percent), Post-Traumatic Stress Disorder (23 percent), and Major Depressive Disorder (20 percent) were common medical and mental health issues faced by Veterans exiters from the SSVF.
• Evidence of increased risk for suicidal behaviors among Veterans with risk for or history of homelessness (six times higher than the rate of suicide events among Veterans who use VHA services.)

• More than 98 percent of homeless Veterans who attempt or die from suicide have one or more psychiatric diagnoses.

• The most common diagnoses among homeless Veterans who attempt suicide were substance abuse disorder (87 percent) and depression (67 percent).
SSVF projects to serving 135,000 people in FY 2015 and there are over 1.4 million impoverished Veteran households (and many more people).

How do we ensure that SSVF is an effective program to end and prevent homelessness, and not suffer “mission creep” and become an anti-poverty program?
• Targeting, who is at-risk of becoming homeless?
• Once at-risk are identified, how do we determine who at-risk would become homeless “but for” intervention. Only 20-25 percent of those evicted become homeless. Important to assess all risk factors.
• Determining the appropriate (and efficient) response to support housing stability
  – Mainstream services
  – Intensive case management
  – Financial supports
  – Sustainability
Threshold is $x+$ points:

- **1 point**: rental and/or utility arrears
- **2 points**: housing loss in 21 days, significant income loss, applied for shelter, recent military dc, dependent child
- **3 points**: housing loss in 14 days, dependent under age 6, 2+ moves in 60 days, living in hotel/motel, friends or family on a temporary basis; dc from institution without housing plan; homeless in past 60 days; income less than 30% AMI

Purpose of the Screener

- Target limits category 1 (Prevention) TFA dollars to households most likely to become homeless.
- Utilize criteria that research has found are associated with increased risk of homelessness.
- Allow Grantees to determine how high they want to set their threshold based on local conditions.
- Can still offer “light touch” (case management only) prevention services to those short of threshold, but still found to be at risk in Stage 1 of the screener.
Most common reason for being refused assistance is in adequate income, i.e. *being too high risk*.

Yet prevention makes the most difference for those at highest risk. There is no level of risk that is too high.

Must development sustainment plans to support no or very low income Veterans.

Prevention: use of risk factors to screen in those w/most acute risk, screen out those w/fewer risk factors. Grantee to develop threshold score.

- Serving smaller pool of families more intensively
- Light touch services for other families

Employ progressive engagement. Start with SSVF, moving to longer term supports if required.
IV. Understanding VA Programs
Becoming A Student of Available Services

VA’s Alphabet Soup

- Veteran Integrated Service Network (VISN)
- Community Based Outpatient Clinic (CBOC)
- Homeless Outreach (HCHV)
- National Call Center (NCCHV)
- Prevention (HCRV, VJO, SSVF, HUD-VA Pilot)
- Transitional Housing (GPD, CWT/TR, HCHV Contract Housing)
- Residential Rehab (RRTP)
- Voc Rehab (CWT)
- Permanent Supportive Housing (HUD-VASH)

Services described at www.va.gov/homeless
<table>
<thead>
<tr>
<th>Prevention</th>
<th>Outreach and Referral</th>
<th>Residential Treatment</th>
<th>Transitional Housing</th>
<th>Permanent Housing</th>
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</thead>
<tbody>
<tr>
<td>1. SSVF Prevention*</td>
<td>1. Health Care for the Homeless (HCHV)</td>
<td>1. HCHV contracts</td>
<td>1. Grant &amp; Per Diem (GPD)</td>
<td>1. SSVF Rapid Re-housing*</td>
</tr>
<tr>
<td>2. Veteran Justice Outreach (VJO)</td>
<td>2. National Call Center (NCCHV)</td>
<td>2. Residential Rehabilitation Treatment Programs (RRTPs)</td>
<td>2. Compensated Work Therapy Transitional Residences (CWT/TR)</td>
<td>2. HUD-VASH</td>
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VBA Benefits

- VBA provides services for homeless Veterans at all 56 regional offices. Claims expedited for homeless Veterans.
- VBA can provide disability benefits, educational assistance, home loans, insurance, and benefits for dependents.

- Disability Benefits/General Information: 1-800-827-1000
- Insurance: 1-800-669-8477
- Education: 1-888-442-4551
- Health Care Eligibility: 1-877-222-8382
• Community-based counseling centers located in all 50 states, DC, Puerto Rico, and Guam
• Provide readjustment counseling & outreach services to all Veterans who served in any combat zone;
• Staffed by small multi-disciplinary teams of dedicated providers, many of which are combat Veterans themselves.
VI. Application Review
NOFA Issued

Applications Submitted

VA Performs Threshold Review & Scores Applications That Pass Threshold Review

VA Groups Applicants within Funding Priorities (if applicable) & Ranks Applicants within Funding Priority Groups (if any)

Review of Additional Considerations*

Applicants Selected

Grant Award Letters Issued

Grant Agreements Executed

* Equitable geographic distribution of grant funds, as practicable
Threshold requirements:

A. Application is submitted on time and is complete
B. Applicant is a non-profit organization or consumer cooperative
C. Proposed activities are eligible for funding
D. Proposed participants are eligible to receive supportive services
E. Applicant agrees to comply with the requirements in the Final Rule
F. Applicant does not have an outstanding obligation to the Federal government that is in arrears and does not have an overdue or unsatisfactory response to an audit
G. Applicant is not in default by failing to meet the requirements for any previous Federal assistance

Note: Applicants must receive at least 70 cumulative points and at least one point per category to receive a supportive services grant.
### Scoring Criteria:

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<tr>
<th>Category</th>
<th>Points</th>
<th>Elements</th>
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<td><strong>A. Background, Experience, Qualifications and Past Performance</strong></td>
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<td>• Background and organizational history</td>
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<td>• Staff qualifications</td>
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<td>• Organizational qualifications and past performance</td>
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<td>• Experience working with Veterans</td>
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<td><strong>B. Program Concept and Supportive Services Plan</strong></td>
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<td>• Need for program</td>
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<td>• Outreach and screening plan</td>
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<td>• Program concept</td>
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<td>• Program implementation timeline</td>
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<td>• Collaboration and communication with VA</td>
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<td>• Ability to meet VA’s requirements, goals, and objectives for the SSVF Program</td>
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<td>• Capacity to undertake program</td>
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### Scoring Criteria (cont’d)

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<td>• Financial feasibility of program</td>
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<td><strong>E. Area and Community Linkages and Relations</strong></td>
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<td>• Past working relationships</td>
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<td>• Local presence and knowledge</td>
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<td>• Integration of linkages and program concept</td>
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• Follow exact formatting and submission requirements. Be sure to answer the questions in the SSVF application.
• Be as specific as possible, providing data (with citations) to support statements on need and services.
• There is limited response space in the application, so be focused. Use program design and data to demonstrate philosophy.
• Letters of support from the CoC and VA are also strongly encouraged, but are not required.

• Support letters do not count against page limits. Specificity greatly enhances value of such letters.
• Clearly describe the experience of both your organization and sub-contractors. Include info on types of organizational experiences (ex. HPRP, ESG). Describe both breadth of experience, such as years of operation, number served, and success. Remember to demonstrate quality.

• Mention awards, accreditations, area leadership, other funding awards.

• Show that you and your partners have the capacity to meet the need.
• VA goal is to end homelessness. Will your efforts help address this in your community?
• Articulate needs based on data, not sentiment.
• Define both homeless and at-risk populations referencing data from Veterans Supplemental Report to the Annual Homeless Assessment Report (AHAR) as well as sources available from a range of sources: VA, HUD, census, and American Community Survey (ACS).
• Clearly link described need to program design. What models are you using to provide services (ex., Housing First, Progressive Engagement, etc.) and why.

• What is your experience using these models—be specific.

• Demonstrate organizational experience directly and through the use of partners.
SSVF targets that 80% or more of homeless are housed and 90% or more of those at-risk stay in their homes.

What do you plan to measure? *Hint:* It must be measurable!

Why have you selected the particular measure and target?

What happens when/if you miss your target? Describe your quality improvement and remediation plan.
• Consider methods and environments where you can reach target those at-risk: housing courts, food pantries, shelters, TANF offices, etc.

• Outreach plan needs to reach entire service area described in application. Role in **coordinated assessment** must be described.

• Need a range of community linkages to have effective outreach and provide mandated services.

• Describe your working relationships with VA and other community providers, providing details on extent. Get support letters with specific content.
• Website:  
http://www.va.gov/HOMELESS/SSVF.asp

• Resources:
• Final Rule
• SSVF Data Collection Guide
• SSVF Program Fact Sheet
• SSVF FAQs
• SSVF University
• Community Resources:  
www.endhomelessness.org & www.nchv.org
Contact Information

Email: SSVF@VA.gov
Phone: (877)737-0111
Website: www.va.gov/HOMELESS/SSVF.asp