

SSVF Supportive Services – Case Management

Head of Household Name _____ **Month/Year** _____ / _____

SSVF Projects for both Rapid Re-Housing and Homelessness Prevention are required to track assistance during project participation.

When Data is Collected: Services will be recorded as they are provided. The system must allow for a theoretically unlimited number of records per enrollment. Users must be able to edit existing records and delete records entered in error.

Definition and Instructions: Services will be recorded for the head of household (only), unless a specific service is of benefit only to a particular household member.

Type of Service in General	Specific Service Rendered	Date(s) of Service
Outreach services	<input type="checkbox"/> n/a	
Case management services	<input type="checkbox"/> n/a	
Assistance obtaining VA benefits	<input type="checkbox"/> VA vocational an rehabilitation counseling <input type="checkbox"/> Employment and training services <input type="checkbox"/> Educational assistance <input type="checkbox"/> Health care services	
Assistance obtaining/coordinating other public benefits	<input type="checkbox"/> Health care services <input type="checkbox"/> Daily living services <input type="checkbox"/> Personal financial planning services <input type="checkbox"/> Transportation services <input type="checkbox"/> Income support services <input type="checkbox"/> Fiduciary and representative payee services <input type="checkbox"/> Legal services – child support <input type="checkbox"/> Legal services – eviction prevention <input type="checkbox"/> Legal services – outstanding fines and penalties <input type="checkbox"/> Legal services – restore/acquire driver's license <input type="checkbox"/> Legal services -- other <input type="checkbox"/> Child care <input type="checkbox"/> Housing counseling	
Direct provision of other public benefits	<input type="checkbox"/> Personal financial planning <input type="checkbox"/> Transportation services <input type="checkbox"/> Income support services <input type="checkbox"/> Fiduciary and representative support services <input type="checkbox"/> Legal services – child support <input type="checkbox"/> Legal services – eviction prevention <input type="checkbox"/> Legal services – outstanding fines and penalties <input type="checkbox"/> Legal services – restore/acquire driver's license <input type="checkbox"/> Legal services -- other <input type="checkbox"/> Child care <input type="checkbox"/> Housing counseling	
Other (non-TFA) supported service approved by VA – Please specify:		

I certify I have provided case management services to the above household on the dates specified above.

SSVF Case Manager (print)

SSVF Case Manager (sign)