

## Supportive Services for Veteran Families (SSVF) Program SSVF Domestic Violence Certification Form *Third Party OR Self-Verification Form*

<b>SSVF Participant Name:</b>	
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The goal of the category **Families Fleeing Domestic Violence** is to ensure safety for all participants assisted through the SSVF Program. A participant household experiencing domestic violence receives special consideration in SSVF with regards to supportive services. This is a consideration designed for participants fleeing a domestic violence situation mid-stream during their SSVF participation such that the original participant household breaks apart. Under this policy, the victim of domestic violence (whether or not the victim is the Veteran), if forming a new participant household, will have the "tolling period" for SSVF's temporary financial assistance reset back to the beginning. The "tolling period" refers to the limited timeline of months for paying temporary financial assistance within a 12-month or 2-year period (for details, see Section VI.F.). For these newly formed households, that timeline begins again at zero months. Note that, under these circumstances, a new participant household may be created even without a Veteran in it. Furthermore, any household fleeing a domestic violence situation is considered literally homeless and enrolled as a Rapid re-housing household.

When certifying the situation that the household is facing, it is important for SSVF providers to ensure safety of the affected family at all times. Note that this form only requires third party verification (e.g. statement from a social worker, police report, legal service provider), in cases where performing this due diligence does not jeopardize the safety of household members. If third party verification is not available, it is acceptable for participants to provide a self-certification as to their circumstances.

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### Check only one:

- I am in a household that is currently enrolled in the SSVF Program, and I am fleeing a domestic violence situation. I have attached third party verification attesting to my situation OR have completed the certification belowsigned by a third party with knowledge of my current circumstances.

**Third Party Certification:**

I certify that I have direct knowledge of the situation the above named household is facing and can attest to the fact this person/household is fleeing a domestic violence situation

**Agency/Program Name:** \_\_\_\_\_

**Relationship to Participant:** \_\_\_\_\_

**Authorized Representative Name:** \_\_\_\_\_

**Authorized Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- I am in a household that is currently enrolled in the SSVF Program and I am fleeing a domestic violence situation. As my safety would be jeopardized by gathering third party documentation, I am self-certifying to the fact that I am fleeing a domestic violence situation.

**I certify that the information above and any other information I have provided to the SSVF Program is true, accurate and complete.**

SSVF Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### SSVF Staff Certification

I understand that third-party verification is the preferred method when certifying that participant is fleeing a domestic violence situation. Due to the high-risk nature of the situation, due diligence to gather third party documentation was completed only to the extent that it did not jeopardize the safety of household members.

SSVF Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_