



Supportive Services for Veteran Families (SSVF) Program Program Exit Checklist

The goal of the SSVF Program is to promote housing stability among very low-income Veteran families who reside in or are transitioning to permanent housing. VA understands that every household exit is different; however, SSVF grantees must utilize this checklist to review whether the appropriate exit steps are carried out once it is determined a household is going to be exited. This form is not meant to assess if a household is ready to be exited; it is a checklist used during the exit process to confirm that the household has been provided appropriate services/referrals as they leave the program.

Veteran Identifier: _____ **Date of Entry/Exit:** _____ / _____

Complete when exit determination has been made:

| Exit Overview – All Clients Regardless of Housing Status/Exit Type | |
|---|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | Household is residing in permanent housing. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Client is still in contact with SSVF Program. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Household has resources/supports to sustain housing on current income, if applicable. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | A final Housing Stability Plan and goals have been reviewed with household. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | A final budget has been reviewed with household. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Housing counseling elements that contribute to stability have been reviewed with client (e.g. lease requirements, home maintenance, tenant-landlord relationship techniques, etc.) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Contact has been made with the landlord to verify household has no current lease violations, rental arrears due, or other serious complaints. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Last referrals have been made to connect household to community agencies or resources (e.g. VA medical care, HUD-VASH, PHA, Continuum of Care, Cash Benefits, etc.) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Household has been informed they can reach back out to SSVF in the future if needs arise. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Household agrees they are ready to be exited from SSVF. |

| Exited for Other Reasons | |
|---|--|
| <i>*To be completed in addition to Exit Overview above</i> | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Case manager has completed steps required by agency policy for these households: <ul style="list-style-type: none"> • For nonresponsive households, case manager has attempted contact the specific numbers of times and channels as required by the grantee's policies and procedures. • For households not compliant with SSVF Program Requirements or Program Rules, case manager has followed agency policy for discharging households who committed an offense which resulted in a program exit, or otherwise refused to provide basic eligibility information. • Other reasons: relocated, reunited with family, jail, change in program eligibility status, etc. |

Exit Summary: _____

I confirm, to the best of my knowledge, that the above information is correct.

SSVF Staff Signature: _____ Date: _____

To be completed at household exit:

| Exit Requirements for all Households | |
|--------------------------------------|--|
| <input type="checkbox"/> | Household has been informed in writing of their exit from SSVF, if whereabouts are known. |
| <input type="checkbox"/> | Household has been registered for, and informed about, the VA exit survey, if whereabouts are known, OR multiple attempts made to contact. |
| <input type="checkbox"/> | Household has been exited from HMIS. |

I confirm, to the best of my knowledge, that the above requirements have been completed.

SSVF Supervisor Signature: _____ Date: _____