



TREASURE COAST HOMELESS SERVICES COUNCIL, INC.
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Supportive Services for Veterans Families

SSVF ELIGIBILITY CERTIFICATION

Veteran Name: _____ **DOB:** _____

This household is eligible to receive assistance through the Supportive Services for Veterans Families Program (SSVF). This household meets the program requirements as indicated below:

_____ Client is a Veteran- DD214 in file

_____ Household is currently homeless

_____ Household is about to become homeless

_____ Household is at or below 50% of the area median income

_____ Household has no options, resources or supports to obtain housing

As this client's Case Manager, I certify that the client's situation has been assessed. This Case Manager has determined that, but for this assistance/ funding, this household would be homeless.

Case Manager's Name

Case Manager's Signature

Date