Volunteers of America - Colorado Branch/Family Tree

Support Services for Veteran Families ('SSVF') Referral Form

Contact Information Denver Metro: Intake, 720.501.3367; Fax, 720.367.5147 Fort Collins: Intake, 970.472.9630; Fax, 970.472.8393			
		Durango: Intake, 970.259.0831 Grand Junction: Intake, 970.644.5220; Fax: 970.644.5224	
		Personal Information for Referred Individual	
Name:			
Address (if any):			
Phone Number (if any):			
Email Address (if any):			
. , , ,	gory of Referred Individual (Please Check Box)		
	g in permanent housing but at imminent risk of homelessness.		
Category 2 (RP) - Homeless, but scheduled to become permanently housed within 90 days.			
Category 3 (RP) - Exited permanent housing within the last 90 days.			
	Documentation Checklist		
Verification of Veteran Status (DD214, VA VetCard, Discharge Certificate, etc.)			
Income Verification/Homeless Status Verification (Paystubs, homeless status, etc.)			
A brief summary of the individual's background and needs			
Additional Information			
Individual's Current Housing Situation (Motel, shelter, permanent housing, etc.):			
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Family Size:			
Estimated Income:			
Is the Veteran in crisis? Yes/No			
If Yes, please describe the crisis:			
Referring Agency Information			
Point of Contact (Agency and Individual):			
Phone Number:			
Fax Number:			
Email Address:			
Notes			