Additional SSVF Resources Available During COVID-19 Crisis*

(Version April 10, 2020. Please Note this List Will Be Updated as Conditions and Resources Evolve)

1. Emergency Housing in Hotel/Motels
    a. Designed to reduce exposure of vulnerable populations to congregate environments where they may be at greater risk from contracting COVID-19.
    b. 45-day overall limit and 72-hour limit for individuals is waived in states where there is a declared disaster (see www.fema.gov for list of states)
    c. Guidance available on www.va.gov/homeless/ssvf.
    d. Recorded webinar available at https://tacinc.adobeconnect.com/pvg82h3q893j/

2. Transition-In-Place for HUD-VASH
    a. In areas where PHAs can no longer complete HQS due to shutdowns, SSVF may use temporary financial assistance (TFA) to secure permanent housing. TFA can continue until PHAs resume functioning and rental costs can be transitioned to HUD-VASH voucher support. Referral package can be found at www.va.gov/homeless/ssvf.
    b. HUD-VASH staff remain responsible for housing navigation and case management.
    c. Referral process follows procedures currently in place for SSVF's support of move-in costs and does not involve SSVF screening or case management.

3. Expanded Access to Homeless Prevention (HP)
    a. The stage 2 screener for HP is no longer required to provide financial assistance.
    b. The requirement that a minimum of 60 percent of financial assistance be spent on literally homeless Veteran households is waived.
    c. Grantees should not use HP assistance in cases where there is a moratorium on evictions and there is the potential that other resources, such as unemployment, may become available to support rent.

4. Food Assistance
    a. SSVF grantees are currently allowed to spend up to $500 per household on food assistance when no other food resource is available. That $500 limit has been waived.

* Resources are only available for those eligible Veteran households enrolled in a SSVF program. These resources are limited and close coordination between local VAMCs and SSVF grantees is necessary to prioritize the needs of the most vulnerable.