

Policy: Homeless Veterans Financial Assistance

Date: July 24, 2006

Revised September 23, 2008

Purpose: Establish procedures for eligibility and the process to request funds

Objective: KRS 40.340 established the Kentucky Homeless Veterans Program and under this authority created this mission [to work toward the elimination of homelessness and the prevention of the threat of homelessness and its causes in the veteran population of the Commonwealth.] Under this directive the Homeless Veterans Program will request funds to obtain, retain, or secure housing/lodging and/or other related support such as utilities, or in very rare but necessary cases travel as needed for homeless or potentially homeless veterans and their dependent family members.

Definitions: Homeless means*: (1)(i) Lacking a fixed, regular and adequate nighttime residence; or (ii) Having a primary nighttime residence that is--

(A) A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);

(B) An institution that provides a temporary residence for persons intended to be institutionalized; or

(C) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

(2) The term homeless does not include imprisonment or other detainment pursuant to Federal or State law. Imprisonment or other detainment does not include probation, parole or electronic custody.

*38 CFR Parts 61

VA Homeless Providers Grant and Per Diem Program;

Interim Final Rule – published in the *Federal Register* on March 19, 2003;

Final Rule – published in the *Federal Register* on September 26, 2003.

This does not preclude a veteran from eligibility for assistance through the HVTF but may disqualify him or her from receiving USDVA assistance.

Procedures:

1. Eligibility “veteran” is defined as a person who served in the active military, naval, or air service, and who was discharged or released there from under conditions other than dishonorable.
2. Proof of eligibility will be verified on DD-214.
3. The amount of financial assistance available is limited with a ceiling of \$250.00 per eligible individual.

Requesting Funds:

1. Funds requests will be submitted on the Trust Fund Assistance Request Form. The attached form can be submitted via fax, electronically, or if need be the required information can placed in the text of an e-mail.
2. A purchase order will be required to be approved by the Homeless Veterans Outreach Coordinator (HVOC) and the Financial Manager or his designee.
3. Each request must provide back up information such as a letter from the landlord stating the amount due, copy of utility bill, or copy of receipt for bus ticket.
4. Checks will be written to entity providing services, such as the landlord or utility company and will require a Federal ID No.
5. All requests for funds must be approved to complete the purchase order.
6. Request should be placed with the HVOC for approval, in the event the HVOC is unavailable Benefits Branch Manager or the Executive Staff Advisor will approve request.

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Financial Assistance Request Forms

First Name:

Last Name:

DOB:

SS#:

Branch of Service:

Type of Discharge:

Dates of Service:

Marital Status:

Number of Dependents the veteran is responsible for:

Does the veteran have a current or previous substance abuse problem?

Does the veteran have a current or previous mental health problem?

Is the veteran homeless? If yes, how long?

Does the veteran have health conditions?

Are they enrolled in VA health care?

Has the veteran filed a claim?

Is the veteran receiving benefits?

Has the veteran previously received assistance through the Fund?

Amount of request:

Name of entity the check is to be written*:

Federal ID No.*

Address of entity*

*This information is required to render a decision on the assistance.

Form available on next page

Individual Veteran - Financial Assistance Request Form

First name: _____

Last name: _____

DOB: _____

SS#: _____

Branch of service: _____

Type of discharge: _____

Dates of service: _____

Marital status: _____

Number of dependents the veteran is responsible for: _____

Names and ages of dependents: _____

Does the veteran have a current or previous substance abuse problem? _____

Does the veteran have a current or previous mental health problem? _____

Is the veteran homeless? _____ If yes, how long? _____

Does the veteran have health conditions? _____

Is the veteran enrolled in VA health care? _____

Has the veteran filed a claim? _____

Is the veteran receiving benefits? _____

What is the veteran's monthly household income? _____

What other sources has the veteran requested assistance from? _____

How much assistance was provided and who provided it? _____

Amount of request: _____

Name of entity the check is to be written: _____

Federal ID No: _____

Address of entity: _____