



Department of Veterans Affairs

**U.S. Department of Veterans Affairs
Supportive Services for Veteran Families (SSVF) Program
Quarterly Grantee Performance Report**

Instructions: Please complete the following form and email, along with your Quarterly Financial Report (Attachment 1), to the VA SSVF Program Office at SSVF@va.gov. Please clearly mark any information that is confidential to individual participants.

Grantee Name: _____
SSVF Grant Amount: _____
Date of Report: _____

GENERAL

- 1. Describe any significant events (positive and negative) that occurred within your program during this quarter. Explain how these events will impact your performance.**

- 2. Do you require additional assistance from the SSVF Program Office? If so, please specify the nature of the assistance required.**

OUTREACH & SCREENING

- 3. Please list the types of locations / events (e.g., shelters, street, stand downs, housing courts, welfare offices, etc.) where your program has conducted outreach during this quarter.**

- 4. Attach a copy of the participant screening form used this quarter if it has changed since the previous quarter.**

- 5. Please list any types of organizations / entities from which you have received more than an estimated 5% of your referrals during this quarter.**

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6. How many ineligible individuals were screened this quarter? Describe generally how these situations were handled and the program(s) to which individuals were referred.

SUPPORTIVE SERVICES

7. During this quarter, which of the following supportive services were provided by your program (either directly or by referral)?

Type of Benefit/Service (See 38 CFR 62.33 for definitions of these services)*	Grantee/program provided benefit directly (Yes/No)	Grantee/program assisted participants in obtaining benefit through referrals to other organizations (Yes/No)
Health care services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Daily living services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal financial planning services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transportation services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income support services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fiduciary and representative payee services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Legal services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Housing counseling, housing search	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. List the three supportive services most requested by participants and describe how your program delivered those supportive services.

9. During this quarter, which of the following other supportive services were provided by your program? (see 38 CFR 62.33 and 38 CFR 62.34 for descriptions of these supportive services)

<input type="checkbox"/> Rental Assistance	<input type="checkbox"/> Child Care Financial Assistance
<input type="checkbox"/> Utility-Fee Payment Assistance	<input type="checkbox"/> Transportation
<input type="checkbox"/> Security or Utility Deposit Assistance	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Moving Costs Assistance	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency Supplies Assistance	

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PARTICIPANTS

10. Describe any issues that arose this quarter with respect to participant safety (e.g., domestic violence, suicide risk, etc.) and indicate how those issues were handled.

PROGRAM GOALS AND OUTCOMES

11. As this is a new initiative, VA is interested in learning about best practices in the field. Please describe an interesting/notable participant case from this quarter (describe the household composition, their needs, the services provided, and the outcomes).

12. Confirm that your program's data for 100% of participants has been exported from HMIS and uploaded to the SSVF Data Repository not less than on a monthly basis. If not, please explain why.

SSVF GRANT AGREEMENT COMPLIANCE

13. Have you complied with all the terms of your supportive services grant agreement this quarter? If no, please explain.

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VA Form
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