Permanent Supportive Housing Assistance (PSHA) Program
At-Risk of Homelessness - Referral Form

Permanent Supportive Housing Assistance offers housing navigation and housing stabilization case management to Vermonters who are homeless or at risk of homelessness, have an associated disability, and are on Medicaid. These services can last as long as the need is identified, and the individual engages in services.

To ensure we are fully utilizing all PSHA slots, we are expanding prioritization processes to include individuals who meet HUD's at-risk of homelessness definition until enrollments are filled. If the individual is housed, they will ideally have a viable path towards retaining their housing that could be served through case management.

This referral form can be used and submitted to AHS.DCFOEOPSH@vermont.gov.

Date of Referral: _____

Referring Agency & Contact Information:

Referring Agency: _____ Contact Name: _____

Phone Number: _____ Email: _____

Tenant Contact Information:

Name: _____

Phone Number: _____ Email: _____

Current Known Address: _____

What is the best way to contact: _____

Please confirm:

[ ] The individual has VT Medicaid.

[ ] The individual has a disability that affects their housing stability.

[ ] The household is interested and willing to participate in Permanent Supportive Housing Assistance.

Please confirm the individual meets the HUD/AHS definition of at risk of homelessness[1] (all three components must be checked and attested to by the individual and referring agency):

1. [ ] Has an annual income below 30% of median family income for the area: AND

2. [ ] Does not have sufficient resources or support networks immediately available to

prevent them from moving to an emergency shelter or another place defined in Category 1[2] of the homeless" definition; AND at least one of the following

3. (select one from the list of three below)

[ ] Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; **OR**

[ ] Is exiting a publicly funded institution or system of care; **OR**

[ ] Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance; **OR**

[ ] Is living in the home of another because of economic hardship; **OR**

[ ] Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals; **OR**

[ ] Lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half persons per room.

[1] https://files.hudexchange.info/resources/documents/AtRiskofHomelessnessDefinition_Criteria.pdf
[2] https://files.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf

Summary of Circumstances (Reason for Referral & Other Helpful Information – Is there a path forward to retaining their tenancy?)

_____
_____
_____
_____

I attest that the information provided above is accurate.

_____ _____

Client Signature *Date*

_____ _____

Signature of person making the referral *Date*