HUD-VASH Collaborative Case Management Application

PHA Name: **PHA Number:**

VAMC Name: **VAMC Station Number:**

CoC Name: **CoC Number:**

Jurisdiction to be served by HUD-VASH Collaborative Case Management (CCM) *(e.g., PHA or VAMC catchment area)*:

Total number of HUD-VASH vouchers allocated to the PHA:

- Data source:
- Data Tabulation Date:

PHA's total number of HUD-VASH vouchers not under lease:

- Data source:
- Data Tabulation Date:

Proposed number of HUD-VASH vouchers to be allocated to HUD-VASH CCM *(cannot exceed 15% of total PHA HUD-VASH allocation)*:

Proposed designated service provider (DSP):

Describe the qualifications and ability of the proposed DSP to meet the case management requirements of the HUD-VASH Program (as described in the HUD-VASH Operating Requirements). These case management requirements include screening, referral, housing search, supportive services, and record maintenance:

Confirm application package includes the following additional documents:

☐ Copy of executed MOA or MOU between the PHA and the proposed DSP
☐ Copy of signed Gift of Services Agreement between the proposed DSP and VA
☐ Letter of support from the VAMC

To submit, please send the completed application packet via email to the National HUD-VASH Program Office.