

# What is HUD/VASH?

A collaborative program, supported through HUD Section 8 “Housing Choice” rental assistance vouchers and the VA’s provision of Intensive Case Management. Administered through Boston Housing Authority and VA BHS’s Healthcare for Homeless Veteran Program (HCHV).

## Who May Be Eligible?

1. Veterans who are homeless as defined by the McKinney Act.
  - An individual (or family group) who lacks a fixed regular and adequate night time residence and who have a primary night time residence that is,
  - A supervised publicly or privately operated shelter designed to provide temporary living accommodations including welfare hotels, congregate shelters, and transitional housing for mentally ill;
  - An institution that provides a temporary residence for individuals intended to institutionalize; or
  - A public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings.
2. Homeless veterans who are eligible for a full range of VA services.
3. Homeless veterans who are in need of intensive case management and are willing to accept this as a part of their rehabilitation process.
4. Homeless veterans or family members who are NOT subject to a lifetime registration under a state sex offender registration program.
5. Highest priority for this program is for chronically homeless disabled veterans and families (defined as consistently homeless for one year or 4 episodes of homelessness in past 3 years).

Note: The term “homeless” or “homeless individual” does not include any individual imprisoned or otherwise detained pursuant to an Act of Congress or a state law.

## How To Obtain More Information About This Program?

1. Contact Nancy Lauria, HUD-VASH Program Administrative Assistant at 857-364-6753; or the HUD/VASH Hotline at 857-364-4444.

OR

2. Refer Veterans to the Health Care for Homeless Veterans Program Walk-In Clinic that meets Monday through Friday from 9:00-11:00 am and 1:00-3:00pm at the VA Boston Medical Center, 150 So. Huntington Avenue; Jamaica Plain, MA 02130, in Room D3-122.

Full Name: \_\_\_\_\_

Address1: \_\_\_\_\_

City State Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Case Manager Email: \_\_\_\_\_