

## 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](#).**