



## **Vet SOS Eligibility Letter**

**Instructions:** This template must be given to a **service provider or case manager** to request their verification of the unhoused status of an individual known to them.

**The letter must be returned to Vet SOS within 1 month of the date of receipt.** No additional Vet SOS services will be provided until a signed/valid eligibility letter is presented to Vet SOS. *Questions? Contact [vetsos@sfccc.org](mailto:vetsos@sfccc.org) or (415) 355-2237*

Date: \_\_\_\_\_

To: SFCCC/ Veterinary Street Outreach Services (Vet SOS)  
170 Capp Street, Suite C  
San Francisco, CA 94110

Dear VET SOS,

I verify that \_\_\_\_\_ (Client's Name) also known as  
\_\_\_\_\_ (Client's Preferred Name) is unhoused.

**To my knowledge, the individual lives/stays in the following setting:**

\_\_\_\_\_

**To my knowledge, the individual has been living/staying in this setting since:** \_\_\_\_\_

I understand that this information will be used to assist Vet SOS to determine the client's eligibility for Vet SOS services.

I understand that I may mail this verification letter to Vet SOS at 170 Capp Street, Suite C, San Francisco, CA 94110, or send a copy to [vetsos@sfccc.org](mailto:vetsos@sfccc.org). Alternatively, I may give the original copy to the client for hand delivery to Vet SOS.

**I agree to be contacted by a Vet SOS staff person or volunteer for questions regarding this client's living situation.**

Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_



## **Vet SOS Carta de Elegibilidad**

**Instrucciones:** Esta plantilla debe entregarse a **un proveedor de servicios o administrador de casos** para solicitar su verificación del estado sin vivienda de una persona conocida por ellos.

**La carta debe devolverse a Vet SOS en el plazo de 1 mes a partir de la fecha de recepción.** No se proporcionarán servicios adicionales de Vet SOS hasta que se presente una carta de elegibilidad firmada/válida a Vet SOS.

¿Preguntas? Contacto [vetsos@sfccc.org](mailto:vetsos@sfccc.org) o (415) 355-2237

Fecha: \_\_\_\_\_

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Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_