



National Veterans'  
Technical Assistance Center

# Homeless Veterans' Reintegration Program (HVRP) Post-Award Conference (PAC): How to Work with the Veteran Population

August 6, 2025

# Meet the Coaching Team



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# Who Are Veterans?

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**Question: Close Your Eyes and Picture a  
“Homeless Veteran.” Who and What do  
You See?**

# Misconceptions vs. Realities

## ➤ Myths

- All homeless veterans are isolated from friends and families
- All veterans identify themselves by wearing military hats, insignia, etc.
- All veterans are uneducated
- All veterans have mental health challenges
- All veterans seek assistance through the U.S. Department of Veterans Affairs
- All homeless veterans are in their situations by choice
- All veterans are proud of their service and seek out other veterans for connection

## ➤ Reality

- None of the above is true

# Veteran Definition

- The term “veteran” is defined in 38 U.S.C. § 101(2) as “a person who served in the active military, naval, air, or space service, and who was discharged or released therefrom under conditions other than dishonorable.”
- Eligible participants must be a “veteran,” which means a person who served in the United States Army, Navy, Marine Corps, Air Force, Space Force, Coast Guard, or Reserve Component (National Guard or Reserve), who meets the following criteria:
  - Received a discharge or release under conditions other than dishonorable (see 38 U.S.C. § 101(18)); and
  - At least one day of active duty (see 38 U.S.C. § 101(21)) to include time spent in basic training for active-duty members; or
    - Federal active duty for National Guard and Reserve members (does not include inactive or active duty for training as defined in 38 U.S.C. §§ 101(22) and (23)); or
    - Any period of inactive duty or active duty for training during which National Guard and Reserve members received a service-connected disability rating resulting from a disease or injury incurred or aggravated in the line of duty (see 38 U.S.C. § 101(24)).

# U.S. Veteran Population Statistics

- As of 2023, there are approximately 15.8 million veterans in the United States, representing 6.1 percent of the adult civilian population
- About 1.7 million veterans are women, accounting for 10.9 percent of the veteran population
- Approximately 27.9 percent of veterans are aged 75 and older, while 8.3 percent are under the age of 35
- 33 percent served during the Vietnam War
- 28 percent served post 9/11
- 24.8 percent served during the Persian Gulf War

([VA Veterans Analysis and Statistics](#))

# More Misconceptions vs. Realities

- **Myth:** All veterans are older men from previous wars  
**Reality:** Veterans represent all demographics
- **Myth:** All veterans have access to VA care  
**Reality:** Many are not enrolled or eligible
- **Myth:** Most homeless veterans served in combat  
**Reality:** Homelessness is more often related to systemic issues (housing, income, mental health)



# Challenge: Change the Narrative

- Normalize avoiding “homeless veterans” as a way to refer to your program participants. Instead, refer to them as veterans who are “experiencing homelessness” or “housing instability.”
- Repeatedly calling someone a “Homeless Veteran” can lead them to adopting that as a part of their identity, whereas reframing it to something someone is experiencing turns their situation into an external factor that can be solved.

# Question: Is the Term “Veteran” Simply a Title, or is it Part of a Person’s Identity?

# Understanding Veteran Experiences

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# Veteran Identity and Lived Experience

- Veterans are a diverse group across age, service branches, and life experiences.
- Some served in combat; others provided logistical support.
- Some veterans transition smoothly into civilian life; others face systemic and personal challenges.
- Veterans may not identify themselves openly due to stigma or prior service experiences.

# Common Barriers Impacting Veterans (1 of 2)



- **Housing Insecurity** – Many veterans face eviction, homelessness, or temporary housing after service.
- **Mental Health** – Post-Traumatic Stress Disorder (PTSD), moral injury, depression, and substance use are prevalent.
- **Employment Gaps** – Military skills may not translate directly to civilian jobs.
- **Justice Involvement** – Higher rates of justice system involvement due to untreated trauma or lack of support.
- **System Navigation** – Complex systems (VA, benefits, state agencies) can overwhelm veterans.

*Key Point: Not all veterans experience these challenges but being trauma-informed means assuming they might until proven otherwise. It also means not reducing a veteran to only their challenges.*

# Common Barriers Impacting Veterans

## (2 of 2)



- Use open-ended, non-assumptive language: *“Have you or someone in your household ever served in the military?”* (rather than *“Are you a veteran?”*)
- Avoid judgment or over-identification.
- Normalize the question.
- Be aware of potential triggers when discussing service experiences.
- Validate their experience. *“Thank you for sharing that with me.”*
- NEVER push for details about combat or trauma.
- Ask about support needs: *“Are you currently connected to all of the benefits for which you are entitled?”* OR *“How can I assist you with connecting to resources or with applying for benefits?”*

# Veteran and Non-Veteran Staff

- Remember, prior military service is NOT required to be an effective HVRP provider. While having shared military backgrounds may be one way to establish rapport, even those who have never served can effectively help those who need assistance.
  - *“You never served, so you don't understand me.”* This may come up in conversation, and that is okay! Try responding with *“You're right, I never served. So, help me understand more about your experience and what you need so I can still help you!”*
- Not everyone who HAS served is an expert in everything military. Remember, there are generational differences, branch differences, differences in components of the military (active duty, National Guard, and Reserves), and even differences in military occupational specialties (MOS) within the same branch that make it impossible to understand every individual veteran's experiences.
  - *For example, someone that served in the Infantry may have had a vastly different (but no more or less important) military career than someone who was a supply clerk.*

# Engaging Veterans with Respect

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# Respectful Inquiry – Asking the Right Questions

- During the intake process, be respectful during your verbal conversations with participants, but normalize asking difficult questions about barriers to employment.
- Respect all forms of service (Reserves, National Guard, non-combat roles). The word “veteran” may not resonate with everyone. Be respectful of this!
- Be sensitive to trauma history and disclosure hesitations.
- Trauma-informed language helps veterans feel safe to disclose and engage.

# Build Rapport First

- Focus on the relationship, not status
- Ask open-ended questions about life goals and barriers
- Be willing to discuss shared experience – NOT only military connectivity if you, yourself, are a veteran
  - Veterans are more than one-dimensional. Discuss other similarities, such as shared interests, sports, music, etc. Veterans are, first and foremost, HUMAN and have a wide range of interests and traits.

# Understanding Trauma and Disclosure

- Some veterans may not want to talk about service.
- Respect silence: focus on support, not their story (BUT allow them to tell their stories to you if they want. This is a show of trust.)
- Disclosure isn't required for effective support. Focus on current needs and validate the veteran's right to control their narrative.

## Examples of Respectful Engagement

- “Thanks for sharing. Would you like to explore specific resources for veterans?”
- Can I explain what's available? Can I check with you about that?

# Referral and Navigation Strategies

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# Creating a Veteran Resource Map

- List major categories: housing, employment, health care, legal aid, education, peer support.
- Identify federal, state, and local resources in each category.
- Use a shared document (spreadsheet, Google Doc) that all staff can access and update.
- Include contact names and referral protocols.
- Start small—build your resource map from the agencies you already refer to, then expand. Use clear contact info, hours, and eligibility notes. Update it quarterly so it's reliable in real time.

# Referral Best Practices

- Warm handoffs are more effective than cold referrals.
- Always confirm eligibility and availability before referring.
- Document referrals and outcomes to strengthen coordination.
- Ask the veteran if you can follow up with the provider.
- “Set it and forget it” doesn’t work for referrals. Confirm the handoff and keep notes.
- Empower the veteran by asking how much they’d like you involved in the follow-up process.
  - Ensure a Release of Information (ROI) or a Memorandum of Understanding (MOU) is signed by all parties.

# Building Strong Referral Relationships



- Connect regularly with your local VA point of contact and Supportive Services for Veterans Families (SSVF) providers.
- Introduce yourself to Veteran Service Organizations (VSO) like Disabled American Veterans (DAV), Veterans of Foreign Wars (VFW), American Legion.
- Participate in Continuum of Care (CoC), VSO, and veteran coalition meetings.
- Offer mutual support: you refer to them—they refer back.
- Referrals are stronger when they're rooted in real relationships. A five-minute phone introduction or showing up to a meeting can make a big difference when you're trying to get a veteran into housing or care.

# Key Takeaways (1 of 2)

- **Veteran Identity** – There's no single "veteran profile."
- **Transition Challenges Are Real** – Veterans often face difficulties adjusting to civilian life especially in housing, employment, and navigating systems.
- **Strengths Must Be Recognized** – Veterans bring valuable assets such as discipline, adaptability, leadership, and mission-driven work ethic.
- **Avoid Assumptions** – Don't assume someone is or isn't a veteran. Use open-ended language like "Have you ever served in the military?"



# Key Takeaways (2 of 2)

- **Resource Navigation Is Critical** – Effective referrals with warm handoffs can make the difference between housing stability and crisis.
- **No One Program Can Do It All** – Collaboration between VA, community agencies, and VSOs is essential to meet a veteran's full spectrum of needs.
- **Follow-Up Closes the Loop** – Referrals aren't complete without follow-up. Confirm connections were made and services accessed.
- **Every Contact Is An Opportunity** – Every provider interaction is a chance to restore trust, identify needs, and support a veteran's long-term stability.

# Resources

- [Census Bureau Releases New Report on Aging Veterans](#)
- [U.S. Department of Veterans Affairs \(VA\) – Veterans Analysis and Statistics](#)



# Questions?

# Thank you!

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