VA New York / New Jersey Health Care Network
Health Care for Homeless Veterans (HCHV)
Contract Residential Care

Request for Extension of Per Diem

Part I: **To be completed by the Contractor and faxed to the HCHV Coordinator/ VA Liaison as soon as the need for the request is known.**

Date: _____

Name of Veteran: _____

Social Security No: _____

Agency / Facility: _____

Contract No: _____

Date Veteran admitted to the program: _____

Date of 180th day in contract residential care from date of admission: _____

Reason(s) for request for extension of per diem:

_____

_____

_____

_____

_____

What is the Veteran's housing plan and expected date of departure from HCHV Contract Residential Care?

_____

_____

_____

_____

Contractor Representative completing this request:

Name & Title_____

Signature & Date: _____

HCHV Contract Residential Care – Request for Extension of Per Diem

Part II: **To be completed by the VA HCHV Coordinator/VA Liaison**

Date Received by VA HCHV Coordinator/VA Liaison: _____

Have the following criteria been met? (Check all that apply)	**Yes**	**No**	**Comments**
1. There are extenuating clinical circumstances beyond the contractor's control that are barriers to the Veteran's placement in housing.			
2. There is documented evidence that the contractor has exhausted every effort to place the Veteran in housing sooner.			
3. The VA Liaison has been appropriately advised of these efforts well in advance of the 180 day limit.			
4. The VA Liaison concurs that the Veteran will continue to derive therapeutic benefits from a continued stay at the HCHV Contracted Residential Care facility.			

Comments section should be completed for all negative responses.

Does the HCHV Coordinator/VA Liaison concur with the reasons for the request?

☐ **Yes** ☐ **No**

Does the HCHV Coordinator/VA Liaison recommend to the COTR that per diem payments continue after the 180th day from the date of admission?

☐ **Yes** ☐ **No**

VA Liaison Signature & Date: _____

Does the COTR grant permission for the continuation of per diem?

☐ **Yes** ☐ **No**

If yes, until what date? _____

Date of next review: _____

COTR Signature & Date: _____