

Contracted Emergency Residential Services (CERS) Requirement Checklist

Please indicate whether or not your facility provides the following services. The items depicted with an asterisk * are considered mandatory; therefore, if you answer “no” or otherwise indicate that your facility “does not” have the capability to provide 1 or more of the following mandatory items, then your offer will be excluded from further consideration.

- a. * **ROOM AND BOARD:** ___ Yes ___ No. If yes, then how many beds for males _____ how many beds for females _____ how many beds for families _____.

Does your facility provide:

* **Dresser** Yes or No

* **Sheets** Yes or No

* **Towels** Yes or No

* **Single bed & mattress** Yes or No

Personal Storage Yes or No

What is the maximum length of stay? _____

- b. * **MEALS: Does your facility provide for the nutritional needs of Veterans? (check one of the following)**

____ Individual food preparation facilities. Please describe where Veterans will prepare their food or obtain adequate meals:

____ Centrally prepared nutrition and food services. If checked, how many meals are provided per day? _____

- c. **LAUNDRY FACILITIES:** Does your facility have laundry facilities for Veterans to do their own laundry or to have their laundry done by someone else?

___ Yes ___ No If not onsite, please explain:

d. TRANSPORTATION: How close is the nearest bus stop to your facility? _____

***** Does your facility help Veterans access public transportation? ____ Yes ____ No If yes, how so?

Does your facility provide transportation for Veterans to attend:

Health care appointments? ____ Yes ____ No

Housing-related appointments? ____ Yes ____ No

Benefits-related appointments? ____ Yes ____ No

Does your facility have ADA compliant vehicles? ____ Yes ____ No

Please explain other ways transportation may be provided:

e. ***** THERAPUETIC SERVICES: Your facility must provide time-limited mental health and/or SUD counseling for Veterans in need.

Do licensed professionals provide mental health counseling onsite: ____ Yes ____ No

Do certified or licensed professionals provide Substance Abuse Counseling onsite: ____ Yes ____ No

f. SUPPORT SERVICES/CASE MANAGEMENT: In order to assist homeless Veterans to successfully transition to longer term residential/permanent housing, supportive case management services must be provided. Case management should encompass assisting the Veteran and his/her family with accessing required community services needed to promote self-sufficiency and independence. Examples of Supportive services include, however not limited to; gathering personal documentation, applying for social service benefits, seeking gainful employment, income assistance and financial planning, relapse prevention, supportive counseling, social and recreational activities.

***** Does your facility provide Case management services to help Veterans achieve permanent housing ____ Yes ____ No

Does your facility conduct individual service plans to identify individual needs, barriers, goals, and outcomes? ____ Yes ____ No. If Yes to at least one of the above, please further explain case management services offered:

What other types of supportive services does your facility offer?

- g. AFTER HOUR REFERRALS: Your facility will be expected to have or establish an after hour referral process where as an identified homeless Veteran can be admitted into the program. Note: Referrals would be made by on-call staff at the VA thereby, determining eligibility prior to placement. After normal business hours, weekends, and holidays, does your facility allow Veterans to be admitted to your program after normal business hours (after 4:30 p.m.)

Monday through Friday? Yes No

Weekends? Yes No

Holidays? Yes No

Please explain procedure:

- h. *** MEDICATION STORAGE: All medication must be stored in a locked compartment and consumption of medication should be observed by a staff member. This will ensure that medications are taken properly in addition to reducing the threat of medication misuse.**

Please check the type of medication control system used by your facility:

MEDICATION MANAGEMENT: Practice of prescribing, administering, and/or dispensing medication by qualified personnel, including taking pills out of bottles, measuring liquids or giving injections.

MEDICATION MONITORING: Practice of providing a secure storage area and controlled access for medications that are brought into the facility and used by the Veteran. The person takes the medication without any assistance from staff.

INDIVIDUAL STORAGE: Practice of allowing individual to store (i.e. lock box, individual room/apartment) and self-administer their medications.

If a variation from one of the above, please explain:

Are your staff responsible for monitoring provided with continuing education and training as appropriate and is this documented? Yes No

i. ACCOMMODATIONS FOR DISABLED: Does your facility provide reasonable living accommodations to Veterans with disabilities including wheel chair accommodations, access to services despite inability to work, living arrangements accessible to the Veterans' level of need.

*** Is your entire facility wheelchair accessible? _____Yes _____No**

Please describe other accommodations provided for disabled homeless Veterans:

j. PHYSICAL SAFETY AND SECURITY

*** Is there sufficient lighting around the perimeter of the facility based on the housing setting? _____Yes
_____No**

*** Is your facility supervised 24/7? If so, by whom?**

*** Is there a paid staff member on-call for emergencies 24 hours per day, 7 days a week? _____Yes _____No**