

**REFERRAL OF VETERAN FOR COMMUNITY-BASED RESIDENTIAL TREATMENT – HCHV
PROGRAM**

1. Issuing VA Facility:
2. Veterans Name:
Veteran's SSN:
3. Services Authorized to be provided during the period from _____ to

4. Name and Address of Community-Based Facility receiving referral:
5. Contract Number under which services are to be provided:
6. Purchase Order providing funding for services:
7. Services Authorized:

TYPE OF SERVICES – reference contract item number	AUTHORIZED QUANTITY
Basic Services under Contract Item 1	60 days
SUPPLEMENTAL SERVICES:	

I certify that I am an authorized "Ordering Official" under the above-referenced contract and that the veteran listed above has been determined by appropriate VA staff to be eligible for and in need of the services for which this referral is made.

Name:
Title:

Date: