

**Northern and Southern Arizona VA Health Care System**  
**HCHV Contract Residential Care Program**  
**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/Task Order No:**\_\_\_\_\_

**Date Veteran admitted to the program:** \_\_\_\_\_

**Date of 180<sup>th</sup> day in contract residential care from date of admission:**\_\_\_\_\_

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

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

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**Contractor Representative completing this request:**

**Name and Title**\_\_\_\_\_

**Signature and 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 Liaisons concur with the reason 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 and Date: \_\_\_\_\_

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

☐ Yes

☐ No

If yes, until what date:

Date of next review: \_\_\_\_\_

COR Signature and Date: \_\_\_\_\_

## **HCHV Contract Residential Care-Request for Extension of Per Diem**