



# VHA FISHER HOUSE APPLICATION

DATE (dd/mm/yyyy)

VETERANS INTEGRATED SERVICE NETWORK (VISN) #	NAME OF VETERANS HEALTH ADMINISTRATION (VHA) FACILITY	LOCATION OF VHA FACILITY
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**FACILITY CONTACT PERSON**

NAME	TITLE	TELEPHONE NUMBER
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FACILITY DIRECTOR OR CHIEF EXECUTIVE OFFICER

1. PROVIDE A FULL DESCRIPTION OF THE PROPOSED LOCATION, INCLUDING SIZE OF LOT (*RECOMMENDED AT APPROXIMATELY ONE ACRE*) AND LOCATION IN RELATION TO THE VHA FACILITY. (*NOTE: Ideally, the proposed site should be accessible to patient treatment buildings.*) PROVIDE A SKETCHED DRAWING OF THE PROPOSED SITE. **PROVIDE AS ATTACHMENT LABELED AS "RESPONSE TO ITEM 1".**

2. THE APPROXIMATE WALKING TIME FROM THE PROPOSED SITE TO PATIENT TREATMENT BUILDINGS IS

3. IDENTIFY ANY SPECIAL CONSTRUCTION ISSUES OR NEEDS FOR THE PROPOSED SITE. **PROVIDE AS ATTACHMENT LABELED AS "RESPONSE TO ITEM 3".**

4. I COMMIT TO FUNDING SITE PREPARATION FOR THE PROPOSED FISHER HOUSE  YES  NO

5. I COMMIT TO FUNDING FULL OPERATIONAL COSTS OF THE PROPOSED FISHER HOUSE, INCLUDING ALL UTILITIES AND MAINTENANCE OF THE STRUCTURE AND UTILITIES  YES  NO

6. I COMMIT TO FUNDING PROVIDING ONE FULL-TIME EQUIVALENT (FTE) EMPLOYEE TO SERVE AS THE FISHER HOUSE MANAGER.  YES  NO

7. WHAT SPECIALIZED MEDICAL OR MENTAL HEALTH SERVICES (*SURGERY, TRANSPLANT, CANCER TREATMENTS, ETC.*) DOES YOUR FACILITY PROVIDE THAT SUPPORT THE NEED FOR A FISHER HOUSE? PROVIDE A BRIEF STATEMENT DESCRIBING INPATIENT AND OUTPATIENT TREATMENT PROGRAMS OFFERED BY YOUR FACILITY EXPECTED TO BE THE PRIMARY SOURCES OF PATIENTS AND/OR FAMILIES SUPPORTED BY THE FISHER HOUSE. **PROVIDE AN ATTACHMENT LABELED AS "RESPONSE TO ITEM 7".**

**8. PROVIDE WORKLOAD INFORMATION, AS FOLLOWS:**

8A. NUMBER OF UNIQUE VETERANS SERVED IN PREVIOUS FISCAL YEAR

8B. NUMBER OF OUTPATIENT VISITS IN PREVIOUS FISCAL YEAR

8C. NUMBER OF INPATIENT ADMISSIONS IN PREVIOUS FISCAL YEAR.

8D. OTHER RELEVANT WORKLOAD NUMBERS

9. DOES THE WORKLOAD (*NUMBER OF UNIQUE VETERANS SERVED, INPATIENT ADMISSIONS AND OUTPATIENT VISITS*) JUSTIFY THE NEED FOR A FISHER HOUSE?  YES  NO

## VHA FISHER HOUSE APPLICATION CON'T

10A. DESCRIBE THE CATCHMENT AREA AND PATIENT POPULATION SERVED. **PROVIDE AN ATTACHMENT LABELED AS "RESPONSE TO ITEM 10A"**.

10B. IS YOUR FACILITY A REFERRAL CENTER FOR VISN OR AN INTEGRATED FACILITY?  YES  NO

11A. DESCRIBE THE GEOGRAPHIC CATCHMENT AREA IN TERMS OF SQUARE MILES.

11B. DO VETERANS RECEIVING CARE FROM YOUR FACILITY INCUR LONG-DISTANCE TRAVEL?  YES  NO

12A. COULD THE TEMPORARY LODGING REQUIREMENTS BE MANAGED WITH EXISTING HOSPITAL SPACE?  NO  YES

12B. COULD THE TEMPORARY LODGING REQUIREMENTS BE MANAGED WITH A PUBLIC-PRIVATE VENTURE DEVELOPMENT ON THE DESIRED SITE THROUGH THE ENHANCED-USE PROGRAM?  NO  YES

13A. WHAT ARE THE AVERAGE LOCAL HOTEL AND/OR MOTEL COSTS?

13B. HAS THE FACILITY NEGOTIATED SPECIAL RATES FOR VETERANS AND THEIR FAMILY MEMBERS AT LOCAL HOTELS AND/OR MOTELS?  NO  YES

13C. ARE THE HOTEL AND/OR MOTEL RATES COST PROHIBITIVE FOR THE PATIENT POPULATION SERVED?  NO  YES

14. ARE THERE POTENTIAL SPONSOR AND/OR ENDORSEMENTS FOR FINANCIAL SUPPORT TO AID IN THE INITIAL CONSTRUCTION COSTS?  NO  YES

15. ARE THERE POTENTIAL SPONSOR AND/OR ENDORSEMENTS FOR FINANCIAL SUPPORT TO AID IN THE RECURRING OPERATIONAL COSTS?  NO  YES

16. DESCRIBE ANY STATE GRANTS OR LOCAL FINANCIAL AND/OR VOLUNTEER SUPPORT FOR INITIAL FUNDING AS WELL AS FOR CONTINUED OPERATIONAL SUPPORT. **PROVIDE AN ATTACHMENT LABELED AS "RESPONSE TO ITEM 16"**.

17. ATTACH ANY LETTERS OF ENDORSEMENT FROM VETERANS' SERVICE ORGANIZATIONS AND YOUR FACILITY CHIEF OF VOLUNTARY SERVICE. **PROVIDE AN ATTACHMENT LABELED AS "RESPONSE TO ITEM 17"**.

18. ATTACH ANY LETTERS OF ENDORSEMENT FROM COMMUNITY LEADERS AND STATE AND FEDERAL POLITICIANS. **PROVIDE AN ATTACHMENT LABELED AS "RESPONSE TO ITEM 18"**.

### I support this application for a VA Fisher House

\_\_\_\_\_  
*(Signature of Facility Director or Chief Executive Officer)*

\_\_\_\_\_  
*(Date)*

### I recommend this application for a VA Fisher House

\_\_\_\_\_  
*(Signature of VISN Director)*

\_\_\_\_\_  
*(Date)*

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