

 Department of Veterans Affairs		VHA FISHER HOUSE APPLICATION		DATE (dd/mm/yyyy)
VETERANS INTEGRATED SERVICE NETWORK (VISN) #	NAME OF VETERANS HEALTH ADMINISTRATION (VHA) FACILITY		LOCATION OF VHA FACILITY	
FACILITY CONTACT PERSON				
NAME		TITLE		TELEPHONE NUMBER
FACILITY DIRECTOR OR CHIEF EXECUTIVE OFFICER				
1. PROVIDE A FULL DESCRIPTION OF THE PROPOSED LOCATION, INCLUDING SIZE OF LOT (<i>RECOMMENDED AT APPROXIMATELY ONE ACRE</i>) AND LOCATION IN RELATION TO THE VHA FACILITY. (<i>NOTE: Ideally, the proposed site should be accessible to patient treatment buildings.</i>) 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 <input type="radio"/> YES <input type="radio"/> NO 				
5. I COMMIT TO FUNDING FULL OPERATIONAL COSTS OF THE PROPOSED FISHER HOUSE, INCLUDING ALL UTILITIES AND MAINTENANCE OF THE STRUCTURE AND UTILITIES <input type="radio"/> YES <input type="radio"/> NO 				
6. I COMMIT TO FUNDING PROVIDING ONE FULL-TIME EQUIVALENT (FTE) EMPLOYEE TO SERVE AS THE FISHER HOUSE MANAGER. <input type="radio"/> YES <input type="radio"/> NO 				
7. WHAT SPECIALIZED MEDICAL OR MENTAL HEALTH SERVICES (<i>SURGERY, TRANSPLANT, CANCER TREATMENTS, ETC.</i>) 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 (<i>NUMBER OF UNIQUE VETERANS SERVED, INPATIENT ADMISSIONS AND OUTPATIENT VISITS</i>) JUSTIFY THE NEED FOR A FISHER HOUSE? <input type="radio"/> YES <input type="radio"/> 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)

PRIVACY ACT AND PAPERWORK REDUCTION ACT INFORMATION

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of this Act. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. The information on this form is solicited under the authority of Public Law 106-419, the Veterans Benefits and Health Care Act of 2000. These statutory provisions have been codified at 38 USC 1708, and are administered by the Department of Veterans Affairs. We anticipate that the time expended by all individuals who must complete this form will average 10 minutes. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form. Completion of this form is entirely voluntary. However, if you do not provide the requested information, it may not be possible for VA to determine your eligibility for temporary lodging. Failure to furnish this information will have no adverse impact on any benefits to which you may have been entitled. The purpose of this form is to determine eligibility for temporary lodging while the veteran undergoes extensive treatment or procedures. Information may be disclosed outside the VA as permitted by law. Possible disclosures include those described in the "routine uses" identified in the VA system of records 24VA19 "Patient Medical Record - VA", published in the Federal Register (and as set forth in the 2003 Compilation of Privacy Act Issuances via online GPO access at http://www.access.gpo.gov/su_docs/aces/2003_pa.html.) in accordance with the Privacy Act of 1974.