



Department of Veterans Affairs

VHA FISHER HOUSE APPLICATION

DATE (dd/mm/yyyy)

VETERANS INTEGRATED SERVICE NETWORK (VISN) # <input type="text"/>	NAME OF VETEANS HEALTH ADMINISTRATION (VHA) FACILITY <input type="text"/>	LOCATION OF VHA FACILITY <input type="text"/>
----------------------------------------------------------------------	------------------------------------------------------------------------------	--------------------------------------------------

FACILITY CONTACT PERSON

NAME <input type="text"/>	TITLE <input type="text"/>	TELEPHONE NUMBER <input type="text"/>
------------------------------	-------------------------------	------------------------------------------

FACILITY DIRECTOR OR CHIEF EXECUTIVE OFFICER

1. PROVIDE A FULL DESCRIPTION OF THE PROPOSED LOCATION, INCLUDING SIZE OF LOT (RECOMMENDED AT APPROXIMATELY 1 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 STATMENT 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 AS ATTACHMENT LABELED AS "RESPONSE TO ITEM 7".**

8. PROVIDE WORKLOAD INFORMATION, AS FOLOLOWS:

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

8B. NUMBER OF OUTPATIENT VISITS IN PREVIOUS FISCAL YEAL YEAR

8C. NUMBER OF INPATIENT ADMISSIONS IN PREVIOUS FISCAL

8D. OTHER RELEVANT WORKLOAD NUMBERS

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

VHA FISHER HOUSE APPLICATION CON'T

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

10B. IS YOUR FACILITY A REFERRAL CENTER FOR VISN OR ANINTEGRATED 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 REQUIRMENTS BE MANAGED WITH EXISTING HOSPITAL SPACE? YES NO

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

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? YES NO

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

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

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

16. DESCRIBE ANY STATE GRANTS OR LOCAL FINANCIAL AND/OR VOLUNTEER SUPPORT FOR INITIAL FUNDING AS WELL AS FOR CONTINUED OPERATIONAL SUPPORT. **PROVIDE AS 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 AS ATTACHMENT LABELED AS "RESPONSE TO ITEM 17"**.

18. ATTACH ANY LETTERS OF ENDORSEMENT FROM COMMUNITY LEADERS AND STATE AND FEDERAL POLITICIANS. **PROVIDE AS 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)