



VA HOMELESS PROVIDERS PER DIEM PAYMENT VOUCHER

The Per Diem Payment Voucher is to be used after the recipient is determined eligible for per diem payments and submitted monthly to the VA Liaison. Who in turn will forward it to the GPD Field Office.

PROGRAM NAME AND ADDRESS, DATE, PROJECT NUMBER (Required for processing), BILLING PERIOD: (mm/dd/yy to mm/dd/yy)

BILLING AMOUNTS - Complete the appropriate sections below

SUPPORTIVE HOUSING: The rate of per diem payments for each veteran in supportive housing shall be the lesser of (i) The daily cost of care estimated by the per diem recipient minus other sources of payments to the per diem recipient for furnishing services to homeless veterans that the per diem recipient certifies to be correct...

Table with 5 columns: TOTAL NUMBER OF BED DAYS OF CARE, MULTIPLIED BY THE RATE OF PER DIEM, EQUALS, TOTAL AMOUNT REQUESTED, AMOUNT PAID BY VAMC

SERVICE CENTERS: The per diem amount for service centers shall be one eighth of the lesser of the amounts in paragraphs (i) and (ii) for supportive housing above, not to exceed eight hours in any day (e.g., State Home Rate is \$26.95 then the hourly rate is \$3.37).

Table with 5 columns: TOTAL NUMBER OF 1 HOUR VISITS, MULTIPLIED BY 1/8 RATE OF PER DIEM, EQUALS, TOTAL AMOUNT REQUESTED, AMOUNT PAID BY VAMC

VALIDATION - Complete the appropriate sections below:

SERVICE PROVIDER AUTHORIZED AGENT SIGNATURE: To the best of my ability I certify the billing requested is accurate, based on actual costs, and when divided does not exceed 100% of the daily cost of care, per veteran, per day.

NAME, TITLE, DATE

SIGNATURE

VA GPD LIAISON VALIDATION SIGNATURE: To the best of my ability I certify the billing is accurate and the funds paid are for the services and/or housing that have been provided.

NAME, TITLE, DATE

SIGNATURE

After Completion Fax to: VA Homeless Providers Grant and Per Diem Program @ (813) 979-3569

NOTE: Liaisons, when faxing completed voucher to GPD Office the daily census should not be included.