

Appendix C: Veterans Temporary Emergency Housing Voucher Program (VTEMP) - Referral Form

To: MDVA Stable Housing Initiatives Team

From: Community Service Provider

Date: _____

Subject: _____

Hello,

(NAME OF PROVIDER ORGANIZATION)_____ is referring
(VETERAN OR FORMER SERVICE MEMBER'S NAME)_____ for
the Veterans Temporary Emergency Housing Voucher Program.

1. The Homeless Veteran or former service member Homeless Veteran Registry Application has been completed and is attached to this email. ☐ YES ☐ NO
If No, when did the Veteran become active in the HVR? _____
Date
2. Checked Shelter capacity within 10-mile Radius: ☐ YES ☐ NO
3. Is your animal (*documentation must be provided*):
☐ Service Animal ☐ Emotional Support Animal ☐ Pet
4. Fleeing Domestic Violence? ☐ YES ☐ NO
5. Special Circumstance for not being able to stay in available shelter? ☐ YES ☐ NO
If Yes, please explain: _____
6. Is the Veteran Eligible for GPD/Transitional Housing? ☐ YES ☐ NO
7. Has Veteran declined Transitional Housing or GPD options? ☐ YES ☐ NO
If Yes, please explain: _____

Thank you for completing this screening. Please contact us if you have any additional questions.

Sincerely,

Provider Supervisor (Signature)

Date of Entry in Hotel

Provider Supervisor (Print)

Hotel Name

Organization Name

Address of Hotel

Contact Number

Household Size #Adults #Children # Pets

For MDVA USE ONLY: ☐ **Approved** ☐ **Denied**

Department Approval

Date of Notification