

Appendix F: Veterans Temporary Emergency Housing Voucher Program (VTEMP) - Housing Plan

To be completed and received within 14 days of referral to MDVA VTEMP. (Please do not send vital documents or underlying documentation to MDVA, though records may be audited upon request by MDVA.)

To: MDVA Stable Housing Initiatives Team

From: _____

Date: _____

We, _____, are requesting a thirty (30) day extension stay
Community Service Provider

for _____, due to the following reason:
Veteran or Former Service Member Name

Start of VTEMP Hotel Stay: _____ Requesting Extension to: _____

Veteran/former service member is engaged with Community Service Provider (CSP) Case Management Services and resources to move towards viable housing pathways.

1. Veteran or former service member and their household have all vital documents needed to apply for housing: ☐ Yes ☐ No (If no, please check all needed documents below.)

☐ Birth Certificate(s) ☐ Social Security Card(s) ☐ Income Verification(s)

☐ Driver's Licenses or State ID(s) ☐ Documents for Animal(s)

2. Veteran or former service member was screened for/when:

VA Housing Pathways: ☐ GPD _____ ☐ HUD-VASH _____
Date Date

MACV Housing Pathways: ☐ Transitional Housing _____ ☐ Subsidy Programs
Date (Specify) _____

Referral Date _____

☐ Coordinated Entry _____
Date

☐ Financial Supports/Benefits (if needed) _____
Date

3. Veteran or former service member and their household have submitted application(s) for housing on _____.
Date

☐ Denied/Barriers to Acceptance ☐ Approved: Move-in set for _____
(REASON FOR DENIAL. Be specific and list all barriers below.) Date

4. What steps will CSP and Veteran or former service member and household take to address barriers to housing during this extension request period? (Be specific)

5. Has Veteran turned down housing opportunities? ☐ YES ☐ NO If Yes, please explain:

6. Has Veteran declined Transitional Housing options? ☐ YES ☐ NO

If Yes, please explain: _____

Veteran (Signature)

Date

Veteran (Print)

Date

Community Service Provider (Signature)

Date

Community Service Provider (Print)

Date

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

Department Approval

Date of Notification