

## Appendix G: Veterans Temporary Emergency Housing Voucher Program (VTEMP) - End of Stay Letter

### Notification of the Participant's Hotel Exit

To: MDVA Stable Housing Initiatives Team

From: \_\_\_\_\_

Date: \_\_\_\_\_

The participant, \_\_\_\_\_, has exited the hotel, previously paid for  
(Veteran or Former Service Members Full Name)  
by \_\_\_\_\_, by way of MDVA's Veterans Temporary Emergency Housing  
Voucher Program (VTEMP).

Date participant was notified of their required exit from the hotel: \_\_\_\_\_

Start of VTEMP Hotel Stay: \_\_\_\_\_ End of VTEMP Hotel Stay: \_\_\_\_\_

Total days of the hotel stay that will be invoiced to MDVA: \_\_\_\_\_

The Veteran or former service member left hotel for the following reason:

☐ Completed the Program and entered permanent housing located at (if known):

\_\_\_\_\_

☐ VASH Voucher   ☐ MNVest Subsidy   ☐ Shallow Subsidy   ☐ Other Subsidy  
☐ Self-Resolved

☐ Reached the maximum number of temporary housing days allowed.

No longer meets eligibility criteria due to:

- ☐ Being asked to leave by the hotel
- ☐ Failing to develop and/or act upon a viable housing plan
- ☐ Failing to comply with internal hotel/Program policies
- ☐ The Veteran or former service member has passed away
- ☐ The Veteran or former service member has been incarcerated
- ☐ The Veteran or former service member left the state, with no intention of returning

The Veteran or former service member has exited the hotel but continues to experience homelessness in Minnesota. The Veteran is believed to have exited to:

- ☐ An unsheltered location (vehicle, encampment, public transportation, etc.)
- ☐ An emergency shelter (note the location, if known): \_\_\_\_\_
- ☐ An inpatient treatment facility
- ☐ A non-time limited doubled-up situation
- ☐ A transitional house located at: \_\_\_\_\_
- ☐ An unknown destination
- ☐ Incarceration

Sincerely,

\_\_\_\_\_  
Community Service Provider (Print)

\_\_\_\_\_  
Community Service Provider (Signature)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Contact Telephone Number

\_\_\_\_\_  
Contact Email

\_\_\_\_\_  
Date