

## 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 should be submitted monthly to the VA Liaison. Who in turn will forward it to the GPD Field Office.

PROGRAM NAME AND ADDRESS	DATE
	PROJECT NUMBER
PO NUMBER:	BILLING PERIOD: <i>(mm/dd/yy to mm/dd/yy)</i>

**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 (other sources include payments and grants from other departments and agencies of the United States, from departments of State and local governments, from private entities or organizations, and from program participants), or (ii) The current VA State Home Program per diem rate for domiciliary care.

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 \$34.40 then hourly rate is \$4.30).

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
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<b>SIGNATURE</b>	
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**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
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<b>SIGNATURE</b>	
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**After Completion Email to: VA Homeless Providers Grant and Per Diem Program  
GPDFiscal@va.gov**

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