

Grant & Per Diem (GPD) Program

VHA Homeless Programs

Helpful Practices: Decreasing Time Between Referral & Admission Achieving Same Day Access

- Be optimistic—things can and do change.
- Be low barrier with the admissions process, screening in rather than screening out.
 - Background checks
 - Discuss if the grantee agency has them and the reason(s) for them.
 - Discuss if they are truly necessary (e.g., property management cannot accept those with history of arson, minor dependents on site) and why.
 - If they are necessary, discuss if there is an opportunity to expedite them (e.g., through a different agency, even if more expensive).
 - If there is a particular criminal history that would disqualify the Veteran from being admitted to the program, explore the reasons why.
 - Housing history
 - If there is a particular piece of the Veteran's housing history that could prevent admission, examine why (e.g., eviction history, money owed to past landlord).
 - Substance use
 - Ensure that substance use history or current use does not prevent admission.
- Streamline the admissions process.
 - Read the grant and ensure all people involved with the grant have, too.
 - Pay particular attention to what is written regarding the admission process.
 - If the process described does not align with a low barrier approach, discuss options for change, and determine if a change of scope request is necessary.
 - Review grantee agency admissions process and procedures, including paperwork and intake steps.
 - Do not assume that policies and processes that have been in place for a long time cannot be changed.
 - Review grantee agency admission forms and process. Do a deep dive that includes program staff, and property management if applicable, to determine if the application can be changed and paperwork requirements decreased/eliminated.
 - Question which documents are essential and why.

- If a DD214 is required prior to admission, consider if information from the VA medical center could replace this.
 - If a state ID is required, consider if a VA ID could replace this.
 - If a Social Security card is required, consider if a letter from VA verifying Veteran SS number could replace this.
- Review VA medical center's expectations around admission and discuss possible changes on the VA's end if they do not align with same day access.
 - Please note that [VA HOMES Reporting Policy](#) allows for direct admissions, bypassing the need for VA staff to meet with the Veteran prior to program entry.
 - SQUARES allows for immediate eligibility decisions.
- Utilize the eligibility tools at hand.
 - SQUARES
 - Ensure that all staff understand how to check a Veteran's eligibility status in SQUARES and utilize it for admission when the VA medical center staff are not available to verify eligibility information.
 - VA Medical Center
 - Ensure that grantees know the process for verifying eligibility through their liaison.
 - Make sure that grantees are aware what steps to take when the liaison is not immediately available for verification purposes.
 - GPD liaisons should have a clear and organized system for verifying eligibility through their local eligibility office or other means.
- Focus on intake accessibility and flexibility.
 - Discuss how often intakes are offered, if limited to just a couple times per week this delays entry for the Veteran.
 - Encourage same day access and daily on-the-spot intakes and bed availability updated in real time.
 - Ensure there is a process for timely unit turnover.
 - Explore outreach and how and where intakes can be offered.
 - Meet the Veteran where they are for intake and admissions processing.
 - If the Veteran works full-time, meet during lunch time.
 - Change work schedule on a particular day to meet with the Veteran in the evening after work hours.
 - If the Veteran is a no show, reschedule right away.
 - Ensure Veteran contact information is up to date.
 - Arrange a tour of the site for the Veteran if requested, to provide clarity on configuration, service offerings and expectations.

- Leverage outreach and in reach opportunities for direct referrals.
 - Explore if agencies in the CoC have clear guidance on program information and how to refer and receive regular updates on bed availability.
 - Liaisons should consider creating a spreadsheet that is disseminated to hospital staff so they are aware they can refer directly and provided guidance on how to make appropriate direct referrals.
 - Liaisons should conduct in reach by attending various hospital department meetings (e.g., inpatient psych, social work) and providing an overview of local GPD programs and information on how to refer.

Please email the GPD National Program Office at gpdgrants@va.gov with questions.