Grant & Per Diem: Change of Scope Checklist Per Diem Payments for Veterans with Minor Dependents

VHA Homeless Programs (11HPO)

Supplemental Checklist to accompany a change of scope request to provide per diem for Veterans with Minor Dependents

**GPD** [**Provider Website**](https://www.va.gov/HOMELESS/GPD_ProviderWebsite.asp)

**Instructions**

* Please review the Veterans with Minor Dependents overview available on the GPD Provider Website
* Please provide the following information, confirmations, and narratives as applicable to your COS request
* **Please submit the following to** [**GPDGrants@va.gov**](mailto:GPDGrants@va.gov) **for consideration**

A signed letter on grantee organizational letterhead requesting this change of scope

This checklist fully completed

Signed memorandum demonstrating VA Medical Center director agreement with the proposed change of scope

A completed [Per Diem Rate Request worksheet](https://www.va.gov/HOMELESS/GPD_ProviderRate.asp)

**Grantee Information**

Change of Scope Checklist

**FAIN**: Click or tap here to enter text.

**Grantee’s Legal Name**: Click or tap here to enter text.

**On average how many minor dependents of GPD-served Veterans does your organization anticipate serving daily?** Click or tap here to enter text.

**Site Address(es) to House Minor Dependents**:  
Click or tap here to enter text.

**Will the agency impose age restrictions beyond the GPD’s definition of “minor dependent?”** (INSERT LINK):  No ;  Yes  
*If yes, describe the written processes in place about age limitations:*Click or tap here to enter text.

**Describe any planned operational or policy changes related to serving minor dependents (visitor policy, ensuring nutritional needs are met, etc.). Please note if this results in a change from what was written in the original grant or subsequent approved change(s) of scope**.

Click or tap here to enter text.

**Current or Prior Experience Serving Minors**

**Describe your agency’s experience with providing supportive housing and services to minors. If your agency has not previously served minors, please describe how you are prepared to do so**:  
Click or tap here to enter text.

**Describe your agency’s experience providing adequate staff supervision and training for working with minors**:  
Click or tap here to enter text.

**Does your agency already provide services to minor dependents?**  Yes  No

**Describe services your agency has tailored to minors (if applicable)**:  
Click or tap here to enter text.

**Housing Configurations**

**Per 61.80(b)(4), will each Veteran who has care of a minor dependent be afforded appropriate space and security for themselves and their belongings, including an acceptable place to sleep that is in compliance with all applicable local, state, and federal requirements?**  Yes  No

**Describe how families will be housed together (e.g. in congregate or private settings**):  
Click or tap here to enter text.

**Describe areas of private space and how they will be assigned**:  
Click or tap here to enter text.

**Describe recreational areas for minors**:  
Click or tap here to enter text.

**Services, Supervision, and Safety**

**Please note, describe services for minor dependents not otherwise covered in your initial and approved grant application. Any changes to approved services for Veterans served by your original application will require a separate change of scope.**

**Describe case management services for minor dependent(s) of Veterans in the GPD program**:  
Click or tap here to enter text.

**Describe your agency’s screening practices (employees and other residents) to ensure the safety of minors**:

Click or tap here to enter text.

**Describe how supervision of minors will occur, particularly while the Veteran parent/guardian is off premises**:  
Click or tap here to enter text.

* **Is 24/7 paid supervision needed**:  Yes  No
* **Who provides supervision**: Click or tap here to enter text.
* **How are backup supervision plans made for emergencies**:   
  Click or tap here to enter text.

**Per 61.41(d)(1), describe how transportation of minor dependents especially for health care and educational needs will be provided**:  
Click or tap here to enter text.

**Per 61.41(d)(3), describe how health care needs of minor dependents will be met, especially age appropriate wellness visits and immunizations**:  
Click or tap here to enter text.

**Per 61.41(d)(4), describe how safety and security issues including segregation from other program participants, if deemed appropriate, will be addressed. Please address considerations like weapons, contraband, state and local requirements, medication management, and general childproofing (if necessary)**:  
Click or tap here to enter text.

**Describe how your agency provides, or will provide, staff training on state/local mandated abuse/neglect reporting requirements:**

Click or tap here to enter text.

**Please describe how your agency will report adverse events affecting minors and how your agency will define an adverse event**:  
Click or tap here to enter text.

**Additional Information & Relevant Comments**

Click or tap here to enter text.