



## VHA FISHER HOUSE OR OTHER TEMPORARY LODGING APPLICATION

1. VETERANS INTEGRATED SERVICE NETWORK (VISN) #	2. NAME OF VETERANS HEALTH ADMINISTRATION (VHA) FACILITY		3. DATE (mm/dd/yyyy)
4. LOCATION OF VHA FACILITY			
5. NAME OF FACILITY CONTACT PERSON		6. TITLE	7. TELEPHONE NUMBER
8. TYPE OF LODGING ACCOMODATION <input type="checkbox"/> HOPTEL (Non-utilized beds and rooms at a VA healthcare facility) <input type="checkbox"/> FISHER HOUSE RESIDENCE <input type="checkbox"/> TEMPORARY LODGING FACILITY (Hotel, Motel)			
<b>SCHEDULED CARE FOR ELIGIBLE VETERAN OR ACTIVE DUTY SERVICE MEMBER</b>			
9. NAME OF VETERAN OR ACTIVE DUTY SERVICE MEMBER		10. SOCIAL SECURITY NUMBER	11. REQUESTED LODGING FOR <input type="checkbox"/> SELF <input type="checkbox"/> ACCOMPANYING INDIVIDUAL
12. START DATE (mm/dd/yyyy)	13. TIME	14. EPISODE OF CARE	15. END DATE (mm/dd/yyyy)
ACCOMPANYING INDIVIDUAL			
16. NAME		17. GENDER MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	18. RELATIONSHIP TO VETERAN OR ACTIVE DUTY SERVICE MEMBER
ESTIMATE FROM APPLICANT'S HOME TO VA HEALTHCARE FACILITY			
19. DISTANCE	20. TIME	21. MODE OF TRANSPORTATION (Click to choose)	
22. CIRCUMSTANCES THAT MAY AFFECT TIME OF TRAVEL FROM APPLICANT'S HOME TO VA HEALTHCARE FACILITY			
25. REQUESTED DATES FOR TEMPORARY LODGING (mm/dd/yyyy) <input type="text"/> to <input type="text"/>			

### **The Paperwork Reduction Act & Privacy Act Statements**

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of this Act. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. The information on this form is solicited under the authority of Public Law 106-419, the Veterans Benefits and Health Care Act of 2000. These statutory provisions have been codified at 38 USC 1708, and are administered by the Department of Veterans Affairs. We anticipate that the time expended by all individuals who must complete this form will average 10 minutes. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form. Completion of this form is entirely voluntary. However, if you do not provide the requested information, it may not be possible for VA to determine your eligibility for temporary lodging. Failure to furnish this information will have no adverse impact on any benefits to which you may have been entitled. The purpose of this form is to determine eligibility for temporary lodging while the veteran undergoes extensive treatment or procedures. Information may be disclosed outside the VA as permitted by law. Possible disclosures include those described in the "routine uses" identified in the VA system of records 24VA19 "Patient Medical Record - VA", published in the Federal Register (and as set forth in the 2003 Compilation of Privacy Act Issuances via online GPO access at [http://www.access.gpo.gov/su\\_docs/aces/2003\\_pa.html](http://www.access.gpo.gov/su_docs/aces/2003_pa.html).) in accordance with the Privacy Act of 1974.