

VA Grant and Per Diem Program Special Need (SN) 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 National Program Office at GPDvouchers@va.gov.

PROGRAM NAME AND ADDRESS:	DATE:
	FAIN / PROJECT NUMBER:
EIN:	BILLING PERIOD: (mm/dd/yy to mm/dd/yy)

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 BED DAYS OF CARE PROVIDED	MULTIPLIED BY PER DIEM RATE	EQUALS	TOTAL AMOUNT REQUESTED	AMOUNT VAMC APPROVES FOR PAYMENT
		=		

VALIDATION - Complete the appropriate sections below:

GPD GRANTEE 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
SIGNATURE		

VA GPD LIAISON VALIDATION SIGNATURE: To the best of my ability I certify the billing is accurate and the funds paid are for the bed days of care that have been provided.

NAME	TITLE	DATE
SIGNATURE		

After completion, email to: Grant and Per Diem Program Office @ GPDVouchers@va.gov
NOTE: Liaisons, when sending completed voucher to GPD Office, the daily census should not be included.