



Department of Veterans Affairs

## 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

☐ HOPTEL (Non-utilized beds and rooms  
at a VA healthcare facility) ☐ FISHER HOUSE RESIDENCE ☐ TEMPORARY LODGING FACILITY (Hotel, Motel)

### SCHEDULED CARE FOR ELIGIBLE VETERAN OR ACTIVE DUTY SERVICE MEMBER

9. NAME OF VETERAN OR ACTIVE DUTY SERVICE MEMBER

10. SOCIAL SECURITY NUMBER

11. REQUESTED LODGING FOR

☐ SELF ☐ 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 ☐ FEMALE ☐

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)

to

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