THE VETERANS' PERSPECTIVE:

PREPARED WITH THE GENEROUS SUPPORT OF THE HOME DEPOT FOUNDATION

THE GRANT AND PER DIEM PROGRAM

NATIONAL COALITION for HOMELESS VETERANS
The Homeless Providers Grant and Per Diem (GPD) Program, funded by the U.S. Department of Veterans Affairs (VA), has been a critical resource for serving homeless veterans since 1994, enabling providers to offer community-based transitional housing and services. In December 2016 and 2017 VA took steps to align the program with the goal of moving veterans more quickly into permanent housing by ending existing grant awards and asking providers to reapply in a competitive cycle for programs using one or more of five housing models.

In recent years, changes to the program, reductions in veteran homelessness, and the continuing shift toward housing first and systematic community approaches to ending homelessness may result in realignment of community resources. This report, developed by the National Coalition for Homeless Veterans and funded through the generosity of The Home Depot Foundation, is meant to offer insights into the needs and preferences of veterans who have experienced homelessness in the last 3 years and inform community decision-making around the future of resources locally.
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As we work to prevent and end veteran homelessness, it is critical to include the voices of veterans with lived expertise in program evaluation and development. Discussing the future of the GPD program has forced reflection on past years’ progress while highlighting where we can improve the overall homeless service system for veterans. For changes to the GPD program to be effective, we must consider the perspectives and preferences of veterans who have recently been homeless. They have the best understanding of our work and how potential changes might impact those in similar positions.

To bring the perspectives of those with lived expertise of homelessness to the forefront, NCHV designed a series of focus groups to bring together veterans from across the country to discuss their experience with homelessness, housing instability, program access, and, most importantly, the GPD program. The focus groups provided a safe space for veterans to speak freely about how they came to access various programs, the effectiveness of programs accessed, and the impact they had on achieving long-range housing plans. Additionally, veterans shared their perspectives on the GPD program and facilities, the services the program uniquely offers, and how the program fits within the much more extensive housing and homelessness system of care for veterans. Participating veterans provided some of the most insightful information available, which should impact the way we construct future service delivery models.
Despite the diverse grouping of veteran participants, key trends emerged from the 20 focus group sessions totaling 1,800 minutes of conversation with nearly 60 veterans. Though detailed experiences differed widely, overall, veterans felt similarly about the GPD program and the much larger housing service system. After analyzing group transcripts for keywords and expressions, the following themes emerged from the focus groups participants' stories. The themes that emerged were validated because individuals with little in common other than their veteran status shared remarkably similar feelings in general.

**GPD offers veterans unduplicated services and serves as a gateway to the larger housing and supportive service system.** Some of the main benefits of enrolling in the GPD program were for veterans to receive case management, program referrals, assistance applying for government programs, and access to additional VA services. For veterans who were never in the GPD program, these were the primary services they felt they struggled to find on their own. Many veterans, both who utilized GPD and those who did not, felt the housing service system was too overwhelming to navigate without the help provided through case management, peer navigation, or some other form of assistance. Through GPD, veterans overcame compounding barriers to housing, including securing adequate employment or supplemental income, correcting debts and building savings, overcoming credit issues and addressing social barriers like addiction and mental health. They created exit plans that included Housing and Urban Development-Veteran Affairs Supportive Housing (HUD-VASH) program, the Housing Choice Voucher (HCV) program, or another form of permanent housing using the Supportive Services for Veteran Families (SSVF) program to assist with move-in fees.

Many veterans who entered the GPD program did not feel ready to move directly into permanent housing. For these reasons, veterans appreciated the facility's additional safeguards and the measures the facility implemented to hold individuals accountable during their transition period. **For veterans who were prior GPD participants, many credited their post-GPD-housing-stability to the structure they learned while in the facility.** Those who were not eligible for GPD or never offered the program said that structure was one of the critical things lacking in their transition from homelessness to housing.

More about veteran opinions on accessibility, facilities, program structures, and exit planning can be found in their respective sections throughout this report. For more detailed information on our veteran participants, please see appendix B.
The GPD program works well for unaccompanied adult men while struggling to serve smaller subpopulations, including LGBTQ+, women, families or those with pets, seniors, and those with disabilities. However, many of the program changes due to the COVID-19 pandemic, if made permanent, would make the program more appealing to veterans in the future. Changes to make facilities more comparable to Single Room Occupancy (SRO) units, including increasing privacy in bedrooms and scaling down the number of program participants living onsite at one time, is something that veterans appreciated. Furthermore, adapting required group meetings to be less frequent, and providing more individualized case management in a virtual setting, could also help the program work better for those veterans who feel excluded by previous ways the program has operated.

Overall, veteran participants wished that GPD was more widely available, and most would recommend the program to other veterans. Regardless of how the program’s living situation was structured, veterans liked the idea of living amongst other veterans.

More about veteran opinions on accessibility, facilities, program structures, and exit planning can be found in their respective sections throughout this report. For more detailed information on our veteran participants, please see appendix B.
For most veterans, the GPD Program is their first experience accessing the housing system and can serve as a gateway to other housing and supportive programs. Many veterans connect with the program through VA and other community access points (organizations). For both veterans who used GPD, and those who declined, their experience at VA and with VA case managers significantly impacts their perception of the program, decision to enter, and decision to pursue other housing resources.

Many veterans thought the program seemed geared more towards those with the most critical needs or compounding barriers to housing and less towards those who could easily self-correct (expression often used by veterans was that they “weren't homeless enough”). Other common feedback indicated that the program fails to serve smaller subpopulations, including LGBTQ+, women, those with families or pets, seniors, and those with disabilities well.

Veterans do best in GPD when they are well connected to other supports, like employment and permanent housing programs while in the facilities. "Success" for veterans in the program heavily depends on the staff. Feedback from participants stressed the importance of having adequate program staff, specifically case managers, so that veterans remain highly engaged while they live onsite.

More than 60% of veterans who utilized GPD (currently enrolled or past participants) would recommend the program to other veterans. Less than 10% would not recommend the program or discourage its use. Most veterans who completed a stay in GPD exit to: HUD-VASH, the HCV program, or another form of permanent housing using SSVF and other programs that assist with move-in fees.
According to veterans, these are the areas where GPD facilities might be improved. Facilities could have:

- More storage spaces
- More privacy in bedrooms
- Safety and security measures (gates, central entry and exit points, and cameras)
- Indoor and outdoor communal areas (to socialize with other veterans)

According to veterans, these are the areas where GPD programs might be improved. Programs could provide:

- Better connection to housing and employment programs
- More involved case management
- More safeguards (room checks, UAs, and other sobriety measures)
- Veteran-only environments
- Transportation
- Better stock of food, including healthier food choices

The most beneficial part of the GPD program, according to veterans, is having a centralized place to receive consistent case management and assistance navigating the housing service system.
For many veterans who were part of the focus groups, but did not participate in GPD, they were never actually offered the program to begin with. Overall, many of the "non-participants" indicated an interest in the program. Many also had positive feelings about what they heard from GPD participants compared to other programs they were offered or enrolled in.

- Veterans liked the idea of being amongst other veterans.
- Most "non-participants" thought ongoing case management and access to staff would help in their transition to housing, employment, and other supports.
- Veterans indicated they liked the idea of a structured environment, and that the structure/support would work well with their school schedule, work schedule, personal aspirations, and recovery.

Any negative perceptions from non-participants detailed what adjustments would have to be made to appeal to them. Changes include:

- Curfews, strict daily structures, and other mandatory program elements would have to be more flexible.
- Rooms and facilities would have to better accommodate their family size, disability, or personal preference.
- Facilities would have to be in better neighborhoods or areas of high opportunity, which support transitions to stable housing.
We sought veteran participants in multiple ways, mainly virtual advertisement and direct contact with organizations using flyers, email blasts, social media, the NCHV website, and word-of-mouth. In addition to this, we shared the opportunity during our conference and at GPD provider roundtables throughout the year. For example, we used the following flyer, explaining to veterans that this was a paid opportunity. Organizations and providers we shared the opportunity with included:

- GPD, SSVF, and Homeless Veteran Reintegration Program (HVRP)
- Smaller veteran groups
- Outreach via NCHV Hotline
- Invisible People’s peer-to-peer support network
- NCHV member organizations
- The HUB for Ending Homelessness USA, a Facebook group loosely moderated by Community Solutions.

The focus group opportunity was shared with veterans who participate in GPD as well as those who declined, veterans who had never been offered GPD, and those who enrolled in other housing programs. To successfully capture the opinions from all four, we shared the invitation with various veteran groups, organizations, and housing service provider types. We made it a point to reach smaller subpopulations of veterans and invited special interest veteran groups directly. NCHV allowed service providers to sign veterans up at their discretion. In the end, we had many veterans who were told of the opportunity by other veterans in their program or community.
DATA COLLECTION

**Volunteer Sign Ups**

*(To sign up)* Veterans filled out a Google form to indicate their interest in participating in the group. This was not only used to sign up potential participants but also to collect basic demographic information. We used this demographic data to compare the representativeness of our sample to that of the entire population of veterans experiencing homelessness, which can be seen in Appendix B. As the data collection and hosting focus groups continued, the demographic information was also used to refocus our outreach efforts as needed.

Constantly monitoring this data allowed us to ensure again that we were including representation from as varying a group as possible. We broke our focus groups series into two parts around our annual conference, allowing us to evaluate the entire focus group series at the halfway point and then expand our recruiting to include a broader range of veteran perspectives that were underrepresented (LGBTQ+, women and various racial demographics) in our sample at that point.

From there, using email, veterans scheduled a 90-minute focus group session using Doodle Poll. Veterans were called for scheduling; however, this was discontinued in the post-conference round. It didn't prove easy to send reminders and ultimately have those veterans present for the focus groups they signed up for. One thing that became evident as the scheduling continued, was veterans who were connected via email, whether it be on their own or with the help of a case manager or other program staff, were more likely to make it from the sign-up through participation.

**Conducting Focus Groups**

Overall, 195 veterans signed up, 114 completed scheduling for a focus group time, and then 58 completed the focus group.

1. Each group was 90 minutes and consisted of between 1-6 veterans.
2. Focus groups were held between 7 am-10 pm EST on all days of the week to include opportunities outside of normal business hours.
3. Each group was asked the same questions (using PPT, while moderating) and followed the same conversational process of collecting data. This way, those on the computer and those who called in to participate were both engaged.
4. All conversations were recorded and transcribed using GoToWebinar.
5. Since groups were self-scheduled, there was no real method for grouping veterans; meaning groups contained random mixes of veterans by demographic.
6. Each veteran was compensated $90 via direct deposit or check for their participation upon completing the group.
Once we conducted the full series of focus groups, we began analyzing all the data. The analysis was a three-step process.

1. Transcripts and recordings were downloaded for each session. This allowed the automated transcripts provided by GoToWebinar to be edited for clarity and consolidated into stories for each veteran who participated.

2. Stories were deconstructed, charted in a matrix, and coded, allowing for better recognition of repetition in keywords. During this process, quotes were also pulled and compiled.

3. The analysis included extracting trends from all the information veterans shared. The trends were analyzed using statistics, simple graphs, charts, and visuals.
We made a conscious effort to include voices from a variety of veterans representing all backgrounds. Of the 58 veterans who completed the focus group, we had veterans—

- from every region of the country,
- who were current and past GPD participants,
- who were, non-GPD participants, including those,
  - who work in the homeless service system,
  - trying the program and presently experiencing homelessness,
  - who experienced housing instability or homelessness in the past but were never offered the program,
- of both genders (m/f) and including gender nonconforming,
- ranging from 25-74 years old,
- representing the Army, Navy, Marine Corps, and Air Force of varying discharge statuses,
- and those enrolled in a variety of all five GPD models.

To view a detailed breakdown of all of our focus group participants, see appendix A
To understand veterans using the GPD program, the focus groups began with a discussion on program accessibility. This section included questions about how veterans learned of the program, why they chose to participate, and the role GPD played as part of their overall experience with the homeless service system. Veterans who declined or did not participate in the program, were asked how they learned about the program they did enter and why they chose not to enroll in GPD. The purpose of this section was to understand fundamental differences between veterans using the program and those who did not.

Please refer to Appendix C to see a full breakdown of questions asked in this portion of the focus groups. Accompanying information from veterans who were not participants of GPD can be found in the section titled Focus Group Findings: Non-GPD participants and veterans currently underserved by the program.

Many of the veterans who enter the program, are reaching out to VA or seeking help from other community organizations, and then being referred to GPD. A large share connected with GPD after exiting other temporary housing accommodations like substance abuse rehabilitation centers, jails or prisons, or inpatient centers. Some of these veterans sought out and chose GPD, while others were required to participate in the program through court mandates.
For the focus group participants, of those who entered GPD, larger shares were middle aged men; African American or Caucasian; discharged honorably and veterans of the Army. All the focus group participants were asked why they entered GPD, about their goals, what they were hoping to focus on, if they felt correctly matched to their GPD model or facility and why. Of those who responded here were the major takeaways:

1. Most of the veterans who entered GPD did so to focus on securing permanent housing, or to focus on specific issues like sobriety, mental health, or other co-occurring barriers to (housing) stability.

2. Most of the veterans in GPD felt like they were correctly matched to the model or facility they were in, and that they were effectively addressing their goals.

3. Many of the veterans who participated in the focus groups were negatively affected by the COVID-19 pandemic and entered GPD to refocus and adjust to the ways their lives were impacted.

Participants were asked why they were entering GPD, including what they wanted to focus on and if they felt that the facility/model they were in was helping them effectively work towards their goals.

- 70% of the veterans who answered these questions indicated that they needed the services GPD provided and needed the temporary housing to provide an environment where they could pause and refocus on getting to permanent housing.
  - Of that, 40% felt they just needed to focus on housing-specific issues
  - While 30% said, they needed additional time to refocus on specifics like sobriety, mental health, or other co-occurring barriers to (housing) stability.
  - Most of the veterans in GPD felt like they were correctly matched to the model or facility they were in and were effectively addressing their goals.
    - 86% of veterans who answered this question felt correctly matched to the model or facilities they were in.

To view a detailed breakdown of all our focus group participants, see Appendix A.
“My goal was housing and everything’s on track. I'm due to go into housing next week. I'm still doing my job search though.”

“This was the very first time in all that time that I had necessity to resort to the VA for anything. I’m very independent, and I felt that there were people out there who needed these resources a lot more than I did.”

“I wasn’t ready to move to permanent housing. I'm ready now”

“My life was in shambles when I first came here. I had no ID, no social security card, nothing, not a piece of paper that could identify myself, who I was, let alone, I was a US citizen. I think the only paper that I actually had was a copy of DD 214 so that kind of got me started.”

“So my case manager and a guy at HUD VASH, you know, they, they communicate. But for the most part, our case manager helps us out on a lot by referring us to a program, but, um, you do have to do some things on your own part.”
This section explores which elements of a facility's setting and design impacted a veteran's choice to participate in the program. This section discussed the traits of the physical facilities that veterans preferred. We used the responses from veterans who enrolled in GPD to guide follow-up questions with those who never enrolled in the program.

Please refer to Appendix C to see a full breakdown of questions asked in this portion of the focus groups. Accompanying information from veterans who were not participants of GPD can be found in the section titled Focus Group Findings: Non-GPD participants and veterans currently underserved by the program.

Overall, most veterans were in facilities with a mix of shared and private space. Veterans seemed to prefer having some areas that were private or semi-private, but also appreciated having spaces to congregate and socialize. The smallest share of veterans reported having private facilities, where they were in living accommodations that included studios, apartments, hotels, or some other form of completely private living spaces. The next smallest share of veterans lived in congregate facilities, with one large room broken up by function and/or sleeping spaces that were partitioned off. All other veterans that detailed their living spaces, fell somewhere in the middle. Veterans seemed to easily agree on portions of the facilities design and layout that they liked and did not like, as detailed in the visuals on the following pages.
Having shared space to socialize

Having a private sleeping space

Having living quarters that accommodated disabilities well

Having access to a kitchen with a range of appliances and amenities

Having a place that was furnished

Having an interior courtyard to smoke

Having internet access (dependable Wi-Fi)

That the facility felt safe (guarded entrances, checkpoints, gates)

That the facility was not co-ed

Having storage space for belongings (things moved in and out of apartments or homes)
Roommate Issues

Worrying about disturbing others or being disturbed by others

Having to share all spaces and having no privacy

Safe places to keep personal belongings without worrying about stealing

Mixed facility with veterans and non-veterans

Facility location
"We pretty much police each other. It's a good facility. You don't feel like you're in a shelter."

"I was in the program for two months. I knew exactly what I wanted to do. I got into the GPD program. I transitioned into the SSVF program because I immediately found an apartment and they paid my deposit. And then I moved into my apartment, and then SSVF paid my rent for, nine months until my HUD-VASH, housing voucher kicked in, and I've been in my apartment for three years now."

“I'd like to say the one thing I'd like to see changed, is that people are judged or the criteria for entering the program is not based on just generic things like your background, you're a felon. Why not look at each individual and what they've done to change their lives and rehabilitate themselves? And then decide whether or not you can assist them, instead of just generally wipe them off the slate because of their past.”

"We maybe could use a little bit more freedom and understanding, like, half an hour to go outside and smoke a cigarette, or, or cigar that's the issue."

“Overall, I think it is a great program; really where could improve is with case managers and having more of them and them being more invested in their jobs”
Since NCHV conducted these focus groups in 2021, when the COVID-19 pandemic was at its peak, responses throughout the analysis may be impacted based on facility modifications during that time. To highlight specific ways veteran experiences were impacted, focus group participants were asked a separate question about COVID-19.

Below are the most common ways veterans were impacted, sorted by their frequency. Overall veterans seemed to mind the frequent uncertainty and changes, more than the actual changes themselves.

- Veterans were offered the COVID-19 vaccine either onsite at the facility, or through VA and oftentimes provided transportation (only one veteran mentioned being required). Facility opened and closed communal areas (living rooms, TV room, game rooms, gyms, meeting rooms, and computer rooms) as COVID-19 precautions and operational mandates changed.
- Group meetings, case manager meetings, and other onsite group activities were scaled down or discontinued if meeting rooms were closed.
- Kitchen use was also modified to fit COVID guidelines (for some facilities catered meals were discontinued).
- Veterans were electively supplementing staff shortages.
- Veterans were required to quarantine before entering the facility.
- Facility stopped coordinating offsite activities for veterans.

“I have a single room. Those rooms [are] about maybe, 5 by 10 room. They are very small, and it actually has another bed up against the wall. Because of the COVID they went from two people per room, 2 or 3 people per room, to just one person.”

“We were, there were 26 people there, and we were left alone by staff. We ended up having to run it [ourselves]. I ended up in the kitchen, which just about killed me with my headaches.”
Details regarding program structure were the most telling information collected to highlight overall satisfaction with the GPD program. Veterans answered questions about required and elective portions of the programs they were enrolled in. In addition, veterans responded to questions about how the program structure might be improved and which elements they thought contributed to successfully exiting the program. The detailed information veterans provided was used to question those who did not participate in GPD about how the program structure might affect decision-making.

Please refer to Appendix C to see a full breakdown of questions asked in this portion of the focus groups. Accompanying information from veterans who were not participants of GPD can be found in the section titled Focus Group Findings: Non-GPD participants and veterans currently underserved by the program.

Many of the veterans who were at one time or currently enrolled in GPD reported that their facilities had a balance of structured and unstructured elements. Of the veterans that detailed the structure of their program—

- Nearly 50% reported their facilities were relaxed, with little to no strictly enforced rules.
- 35% reported that their facilities had some structure, mainly regarding coming and going, curfews, set mealtimes, weekly or daily chores, and required group meetings.
- Just 17% reported having stringent program structures, where in addition to the elements mentioned above, they were also required to have weekly or daily case manager meetings, regular room checks, and ‘sobriety tests’ (including breathalyzers, urine analysis (UAs)).
"Free time is Sunday through Sunday, if that's what you choose to call it. This all up on individual."

"This house was made for me, because you know getting me up at a certain time, I get up at five o'clock, anyway, in the morning but for somebody to come around and rouse you out of bed and everything. I'm 62 years old. I don't want nobody rousing me out of bed like that."

"Every day we get up, we have chores every day, or that is a structure that, you know, keeps you on point, as far as I'm concerned, which is fine with me chores. Then, you start your day. I start my day by trying to do accomplishments on something like, as far as my house concern, or my medical is concerned. We have meetings here in the house. We have our counselor comes in, as she discusses things with us. During the week days we have a curfew at 10 o'clock. We all have scheduled chores. You know, everything's on schedule here"

"We get a lot of support from everyone. They're very connected to the community. So, a lot of resources out there. That seems like, like, if I talk about something with my case managers, you like, OK, hold up. I've got this and she knows the way. So, I think, yeah, they got the big that they were very connected, is a big system that they're connected to, and I think they have the resources to community where you need to be."
Veterans said that the case management offered in GPD was the most crucial part of their experience being in the program. For many, having consistent contact helped in their transition out of the facility. In addition, the quality of the case management veterans received directly correlated with how they felt about the program overall and whether they regarded their time in the program as a success.

The most common feedback relayed was that:

- meeting with a case manager was one of the conditions to remain in the program
- case management was self-led, and veterans had to put in the effort to receive constructive case management.
- if veterans were continually working with case managers and developed a trusting relationship, then program rules were often more flexible, and experiences were more individualized.

Many veterans also said the case management provided in GPD was critical to them finding employment and housing and enrolling in supplemental assistance programs. Overall, veterans felt that by being more participatory and engaged with their case managers, the service overall was more constructive and helpful in their exit planning.
While many veterans had positive experiences with their case managers and ongoing case management, some thought improvements could be made to make program delivery more effective. A large majority of veterans wanted case managers to be more involved. Responses overall conveyed that in exchange for more engagement and more direction on behalf of case managers, veterans could become more proactive in their own time.

"If you’re constantly in touch with your case manager, things will move. It seems like they are already on the page that you want to be on. If you want their help, they are there for you, if you don’t then okay sit in your room and do what you please."

Here are the improvements veterans suggested:

- Case managers could have more regular contact with veterans in the program instead of less sporadic visits initiated by veterans.
- Case managers could broaden their knowledge of supportive and supplemental assistance programs that extend beyond VA programs and mainstream federal programs. For example, case managers could get to know the local landscape better or find programs for veterans who are not well served by more traditional and veteran-only programs.
- Case managers in GPD could make more stable connections with individual veterans, and other case managers, for example, outside case managers in VA, SSVF, and HUD-VASH. Veterans felt that they had to act as a middleman and sometimes transitions could happen more smoothly with regular contact among case managers.

"So, she's a good worker, she stays on it, but I stay on her too, I'm a persistent person. You have to be persistent in this situation. Otherwise, you going to be sitting here and waiting because every time they look at it all these places look at it as a dollar."

"The case managers, they just need to know how to maneuver outside the black and white lines."

"I have one hour a week to sit down with my case manager and either, we get it done then, or I have to wait another week before I have the opportunity to speak with them again."
Since NCHV conducted these focus groups in 2021, when the COVID-19 pandemic was at its peak, responses throughout the analysis may be impacted based on facility modifications during that time. To highlight specific ways veteran experiences were impacted, focus group participants were asked a separate question about COVID-19.

Below are the most common ways veterans were impacted. Overall veterans seemed to mind the frequent uncertainty and changes, more than the actual changes themselves.

- Veterans reported disruptions and irregularities in daily structure, meetings, and check-ins.
- The freedom to come and go from facilities was sometimes limited. Additionally, there were increased safety measures implemented onsite.
- Some facilities were running with minimal staffing, which changed onsite operations.

"I mean, COVID really, kind of messed things up. because, they know, everybody was kind of locked down. Nobody really had any real supervision. They stopped with the groups. They stopped with the classes."

"Other than that, met with your case manager every other week, and you could spend your free time basically on an open campus. Although with COVID they did have us wearing masks and gloves if we went to the store, and they tried to restrict our travels to just essential travel for the COVID guidance."

"I use the word very cautiously if there was one thing that I could make a suggestion is that they need more staff, because even before COVID, they were literally overwhelmed."

"There were times when case workers irritated me. Sometimes they talk down to me, but I tried to take it all in stride. I didn't have any other place to go and, uh. Personally, it worked out for me."
Veterans who entered GPD understood that the program functions as a transitional step where they work towards obtaining more permanent housing. Some veterans expressed needing little to no support outside of having a stable place to sleep while they line up site visits for housing, move-in dates, and other transitional logistics. Others expressed needing more engagement and assistance until they felt ready to exit to permanent housing they can sustain. Regardless, the program must be fused with the community, a more extensive housing system, and other programs specific to veterans for veterans to successfully exit to permanent housing.

The following section details how well veterans thought the GPD program was connected to the community and how successful their residency had been in preparing them for life after GPD. Also included in this section are ways veterans felt the program could be better integrated into the system.

Please refer to Appendix C to see a full breakdown of questions asked in this portion of the focus groups. Accompanying information from veterans who were not participants of GPD can be found in the section titled Focus Group Findings: Non-GPD participants and veterans currently underserved by the program.
Veterans felt their GPD programs were well connected through:

- Receiving coaching, and assistance applying for income supports (Social Security Income (SSI)/Social Security Disability Income (SSDI), COVID-19 stimulus, disability, and VA service-connected disability claims), and housing supports (HUD-VASH, and HCV).
- Connecting to VA programs and services which support permanent housing.

"I felt like they were very connected to the community. They do have different resources. It just depends on what you're looking for."

"Honestly, when I got here within days, I was working to get my social security benefits, because I was trying to get it back in jail. I was working to get my stimulus. Trying to do my taxes."

Veterans felt their GPD programs were poorly connected in areas of:

- Transportation, including getting to doctor appointments, coordinating to tour housing, getting to work, and running personal errands.
- Assistance in finding and coordinating housing search.
- Enrolling in programs beyond the scope of VA programs.

"I had to call the veterans coordinator that works in the building for the group project to come and pick me up because the busses weren't running, or I walked the two miles from the last bus where Interchange was."

“I'm definitely not satisfied, at least with the local grantee with their ability, with their willingness to connect me with community resources and mainstream public benefits.”

"Majority of information here really came from other veterans, unfortunately staff here was not very well informed, and I ended up doing it all myself."
Veterans detailed their exit plans (and exit programs). For more than half, exit plans included HUD-VASH, the HCV program, or other subsidized housing.

- Veterans who were enrolled in GPD had exit plans which included moving on to HUD-VASH or the HCV program. Many of the focus group participants who were past GPD participants were stably housed using one of these subsidy programs as well.
- Most of the veterans who participated in GPD in the past were now employed. Many of the veterans with exit dates approaching had exit plans that included employment they found while enrolled in the GPD program.

- Smaller shares of veterans vocalized their exit plans included:
  - setting up or settling VA Disability (payments/income)
  - accessing SSVF for rehousing assistance
  - using SSVF’s Shallow Subsidy option
  - entering university or other technical training programs for veterans
  - utilizing Veteran Rapid Retraining Assistance Program (VRRAP) benefits
  - and two planned to move on to VA home loans
- Only two to three veterans of all those who were enrolled in GPD did not have exit plans in place or felt like GPD asked them to move on before they were ready to do so.

“Well, they also hooked me up with [College] so I could get all of my certifications again and go back to doing safety.”

“I was in the program for two months. I knew exactly what I wanted to do. I got into the GPD program. I transitioned into the SSVF program because I immediately found an apartment and they paid my deposit. And then I moved into my apartment, and then SSVF paid my rent for nine months until my HUD-VASH housing voucher kicked in, and I’ve been in my apartment for three years now.”

“I just was granted a HUD-VASH voucher at the end of January, but it’s much harder to make that voucher happen than I was expecting.”
For the veterans who were current or past GPD participants, many would recommend the program to other veterans facing housing instability or homelessness.

In fact, 63% of the veterans who completed the focus groups and were also enrolled in GPD would recommend the program to other veterans. Less than 10% explicitly said they would not recommend the program. Of the veterans who would not recommend the program, many felt the facilities or structure were not a good fit. Some veterans also thought others should not seek out help from the program until they were mentally ready to do the work required to move into permanent housing.

"I would recommend it to other vets, because, like I say, it’s a step going forward, and it helps you with your immediate needs, with housing."

"Yes, I would say here [in city] the [program] is excellent. And they try very hard to help people get on their feet and get moving. There’re so many different problems that people have, with broken people in here, and they try and direct them in the right direction, whether it’s addiction or mental illness, and so forth. I am very happy with the program here."

"I feel better that, mostly all I do here is sleep, I go to work, I get tired, I come back, I eat, I shower, I go to bed. And as long as I keep this up, save up some money. Then if I get a voucher, or if I get some housing, some kind of supplemental housing or whatever, then that's my plan. Like, what other guys said, to re-invent myself. This is a transition."
Veterans who would recommend the program thought other veterans would benefit the most from:

- Having stability in a setting that is significantly less volatile than a shelter and where veterans can often control their level of engagement.
- Accessing case management, expanding their knowledge of programs available, and enrolling in multiple resources from one centralized point.
- Having a place that is comfortable but not overly so, where veterans would not be motivated to leave.
- Working on transitioning out to viable housing options while saving money or buying time until they move in if they already have something lined up.

"And like, my man just said, these programs only work for people who want them to work."

"I can pretty much handle myself. I don't need that full-service program"

Overall, here are the ways veterans felt the structure of the program could be improved, and ultimately lead to more successful long-range outcomes:

- The program could strictly enforce rules to provide more structure to residents.
- The GPD program operators could be more flexible and understanding of how veterans want to use their free time.
- The program could adjust its entry requirements and move to serve a wider range of veterans.
- The GPD program could provide more intensive case management.

"They even provided, outside help, outside case managers, you know to assist with finding employment and housing."
Many of the veterans who participated in the focus groups, who were not actual GPD residents and never utilized the program, were never offered it, to begin with. A minimal share of veterans declined GPD after being offered the option. There was also a small share that the program excludes serving, but many of these veterans did have an interest in the program.

<table>
<thead>
<tr>
<th>For veterans who were never enrolled in GPD</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 of 15</td>
</tr>
<tr>
<td>3 of 15</td>
</tr>
<tr>
<td>3 of 5</td>
</tr>
<tr>
<td>6 of 15</td>
</tr>
</tbody>
</table>

"Get this information that this program or these programs are available to veterans, because many of us have no clue."
Those who were never offered the program were either in geographic areas where they could not be easily connected (rural areas, tribal communities) or were filtered out because their housing status did not match program entry guidelines at the time of inquiry.

Those who declined the program either had families, service animals, or felt shared housing would not be a good fit for them (for example, coming out of incarceration and dealing with sharing spaces or aggressiveness).

Those who the program did not suit for other reasons were either legally excluded from the program (felony record including sexual assault) or had adult children and would not be accommodated in a family scenario or individually.

"I didn't know anything about this. I didn't know that the VA had anything like that or programs like that you know. I mean, I'm 55 years old. I didn't know what they had, or what the programs would be like..."

"I was informed about one housing program available from the VA and then no additional services. Once they found out that, either I made too much money, or I wasn't in some sort of like drug or alcohol program."

"I think a lot of women don't come into the facility because they don't want to sacrifice losing their kids, that's a big choice to make. So, there's not enough family shelter. Not only that, there needs to be... some levels, because there are some people who are more severe that can't live with other people."

Please refer to Appendix C to see a full breakdown of questions asked in this portion of the focus groups.
Many of the veterans who participated in the focus groups, who were not GPD residents and never utilized the program, were never offered it. A minimal share of veterans declined GPD after being offered the option. There was also a small share that the program excludes serving, but many of these veterans did have an interest in the program.

"I would certainly look into any resources that were offered to me, it’s hard to say off the top of my head any preference."

For the veterans who had negative perceptions, a few thought GPD facilities would not suit their families well. Several veterans also said they would not enter facilities that did not offer private living spaces and where they had to share a bedroom.

For veterans who had positive perceptions, some thought GPD facilitates sounded comparatively better than other temporary or transitional housing options available to them. Others liked the idea of a facility with private bedrooms but also common areas to socialize with other veterans and meeting areas to receive supportive services.

"I wasn’t going to do a transitional home with my kids."

"Shelters are for showers. No one wants to be in a shelter. It’s too noisy, it’s too much, and people steal your stuff. But GPD, I would have taken that in a moment in a rural area."

"I would need to have my own space"

“But if I had been able to get into GPD housing, I would have been happy with a multi person [room]. It’s not really a problem as long as everybody respects everybody else."

Please refer to Appendix C to see a full breakdown of questions asked in this portion of the focus groups.
Veterans who were part of the focus groups but not currently or ever enrolled in GPD gave feedback on elements of the program structure they thought would work and not work for them. Some did not have other transitional or temporary housing experiences to compare the living arrangements in GPD to.

- Most thought ongoing case management and access to staff would help in their transition to housing, employment, and other supports.
- Veterans indicated they liked the idea of a structured environment. Many felt that the structure and support offered through GPD would work well with their school schedule, work schedule, personal aspirations, and recovery.

Veterans shared their thoughts on elements that would have to change to be interested in the program. Any negative perceptions included opinions on portions of the program, which could limit individual freedoms—things like curfews, strict daily structures, and other mandatory program elements.

> “I think the GPD would definitely help because I can have my own space and a clear mind to work on my goals and the things that I need to do without having any other distractions around me.”

> “From what I’m hearing, it seems like a very beneficial program for women who are trying to get into a healthier mental space. So that’s kind of what I would be looking for. I currently live with someone, but it’s just not my space, my own place to do what I need to do, you know.”

> “I think the facilities could be more laxed but strict on veterans who need the additional safeguards.”

> “Well, for me, I think that anything that could be used as a steppingstone for our veterans as good, there are pros and cons to everything, I can’t really imagine what cons there would be for this program.”

> “I do wholeheartedly agree that if curfews and this that and the third is not your thing, then you definitely shouldn’t do it (GPD). Don’t waste the space for somebody else who could actually do that. But I think a lot of people in our position, whether it be homelessness or addiction, PTSD, whatever it is that got us to that place, we do need restrictions and boundaries, being out at all hours of the night that leads to trouble.”

*Please refer to Appendix C to see a full breakdown of questions asked in this portion of the focus groups.*
This analysis would not have been possible without the time, thoughtfulness, and willing transparency of each veteran who participated. NCHV personally thanks each veteran for their service and contribution to this focus group study.

Alenki J. Angel P Carlos A. Derrick A. Diana R. Donald H.

Charlie R. Dan P Daniel E. Donald M. Douglas B. Gail G.

Dara H. Darren A. Darren J. Hillary B. James E. Jason D.

Davis H. Dean O Dennis B. Jay D. Jeff P. Jen R.


Kassandra C. Keith M. Kenneth D. Nasifa B. Nico F. Osmar C.

LaToya H. Linious B. Mark S. Rajiv S. Ralph P. Randall J.

Marquis S. Maurice M. Melissa B. Richard H. Robert B. Robert B.

Robert W. Samantha D. Thomas C.

Thusitha R. Tom K. Vincent A.

William H.

This body of work would not be possible without the efforts of NCHV’s former Housing Program Associate, Jasmine Bazley, who conducted these focus groups during her time with NCHV. We thank her for her work to help us understand veteran perspectives via this focus group study.
Focus Group participants' demographic details

We made a conscious effort to include voices from a variety of veterans representing all backgrounds. The methods section details the recruitment methods utilized to connect to veterans for these focus groups. If you are wondering if our sample of veterans is representative of the overall population of veterans experiencing homelessness, please see our section comparing focus group participants to PIT data.
ETNICITY OF FOCUS GROUP PARTICIPANTS

- No, not of Hispanic, Latino or Spanish Origin: 52
- Yes, of Hispanic, Latino or Spanish Origin: 6

RACIAL DIVERSITY OF FOCUS GROUP PARTICIPANTS

- Black or African American: 31.0%
- White: 53.4%
- American Indian/Alaska Native: 8.6%
- Multiracial: 3.4%
Here is a geographic spread of GPD participants that shared their facility location. Largest representations for the focus groups came from California, Nevada, and Pennsylvania.
## APPENDIX B | FOCUS GROUP REPRESENTATION VS. PIT (POINT IN TIME) COUNT DATA

### GENDER

<table>
<thead>
<tr>
<th>Gender</th>
<th>PIT</th>
<th>FOCUS GROUPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>90.9%</td>
<td>72%</td>
</tr>
<tr>
<td>Female</td>
<td>8.39%</td>
<td>24%</td>
</tr>
<tr>
<td>Transgender</td>
<td>0.42%</td>
<td>3%</td>
</tr>
<tr>
<td>Gender Nonconforming</td>
<td>0.29%</td>
<td></td>
</tr>
</tbody>
</table>

### RACE

<table>
<thead>
<tr>
<th>Race</th>
<th>PIT</th>
<th>FOCUS GROUPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>1.2%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Native Hawaiian/Other Pacific Islander</td>
<td>0.99%</td>
<td>1.7%</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>2.9%</td>
<td>3.4%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>5.38%</td>
<td>8.6%</td>
</tr>
<tr>
<td>White</td>
<td>56.80%</td>
<td>31.0%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>32.71%</td>
<td>53.4%</td>
</tr>
</tbody>
</table>

### ETHNICITY

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>PIT</th>
<th>FOCUS GROUPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic, Latino or Spanish origin</td>
<td>10.9%</td>
<td>10.3%</td>
</tr>
<tr>
<td>Not of Hispanic, Latino or Spanish origin</td>
<td>89.1%</td>
<td>89.7%</td>
</tr>
</tbody>
</table>

### Age Range

<table>
<thead>
<tr>
<th>Age Range</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>25-34 years old</td>
<td>10.3%</td>
</tr>
<tr>
<td>35-44 years old</td>
<td>15.5%</td>
</tr>
<tr>
<td>45-54 years old</td>
<td>20.7%</td>
</tr>
<tr>
<td>55-64 years old</td>
<td>39.7%</td>
</tr>
<tr>
<td>65-74 years old</td>
<td>13.8%</td>
</tr>
</tbody>
</table>

*(NCHV focus groups) 53% overall are age 55 or older

### GPD MODEL BREAKDOWN

<table>
<thead>
<tr>
<th>Service</th>
<th>Share of national total as of April 2019</th>
<th>FOCUS GROUPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bridge Housing</td>
<td>19%</td>
<td>35.7%</td>
</tr>
<tr>
<td>Low Demand GPD</td>
<td>10%</td>
<td>9.5%</td>
</tr>
<tr>
<td>Hospital to Housing</td>
<td>3%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Clinical Treatment</td>
<td>24%</td>
<td>-</td>
</tr>
<tr>
<td>Service-Intensive Transitional Housing</td>
<td>40%</td>
<td>26.2%</td>
</tr>
<tr>
<td>Transition in Place</td>
<td>5%</td>
<td>26.2%</td>
</tr>
</tbody>
</table>

### GEOGRAPHIC BREAKDOWN

<table>
<thead>
<tr>
<th>Region</th>
<th>Share of overall homeless veterans 2020</th>
<th>FOCUS GROUPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midwest</td>
<td>11.7%</td>
<td>9.5%</td>
</tr>
<tr>
<td>Northeast</td>
<td>13.6%</td>
<td>21.4%</td>
</tr>
<tr>
<td>Other</td>
<td>0.4%</td>
<td></td>
</tr>
<tr>
<td>Southeast</td>
<td>18.4%</td>
<td>21.4%</td>
</tr>
<tr>
<td>Southwest</td>
<td>9.3%</td>
<td></td>
</tr>
<tr>
<td>West</td>
<td>46.7%</td>
<td>47.6%</td>
</tr>
</tbody>
</table>
GEOGRAPHIC BREAKDOWN

- **Northeast States** included: Maine, Massachusetts, Rhode Island, Connecticut, New Hampshire, Vermont, New York, Pennsylvania, New Jersey, Delaware, Maryland
- **Southeast States** included: West Virginia, Virginia, Kentucky, Tennessee, North Carolina, South Carolina, Georgia, Alabama, Mississippi, Arkansas, Louisiana, Florida
- **Midwest States** included: Ohio, Indiana, Michigan, Illinois, Missouri, Wisconsin, Minnesota, Iowa, Kansas, Nebraska, South Dakota, North Dakota
- **Southwest States** included: Texas, Oklahoma, New Mexico, Arizona
- **West States** included: Colorado, Wyoming, Montana, Idaho, Washington, Oregon, Utah, Nevada, California, Alaska, Hawaii
GPD focus group questions & flow:

INTRODUCTION (10 MIN)

1. **Self-introduction** as the moderator where I explain my role at NCHV and why we are conducting this project.

   We are conducting these focus groups to--
   - Highlight the pros and cons of the Grant and Per Diem program
   - Hear veteran opinions about the program models and facility structures
   - Discuss what works well and what does not work well

2. **Veteran self-introductions including name and GPD participation status.** (I would like to identify if there is anyone participating in this focus group who is currently enrolled in GPD)

3. **Thank you to all the participants for agreeing to take part in this focus group.** We plan to use these conversations to create positive changes where they are needed.

4. Before we begin here are a couple of guidelines I would like to establish for today’s discussion. These guidelines will help us keep the conversation on track, and make sure everyone gets an opportunity to participate and get their point across.

FOCUS GROUP “GUIDELINES”

- Everyone gets an opportunity to speak, and we want to hear from each of you. There are no wrong answers, and I am hoping to create an environment where everyone feels comfortable speaking freely.
- We realize everyone’s opinions will not be the same, and I do not expect all conversations to end in group agreement. In fact agreeing on answers to questions, and opinions on the program is not the goal. Instead, we are interested in highlighting points of difference and getting the most detailed information possible. We want to hear each veteran’s unique experience.
- These conversations are being recorded and transcribed in writing. Most of the information we share from the series of focus groups will be in terms of trends and overall takeaways. A few pieces may also be shared as direct quotes; however, we will maintain some degree of anonymity. For example, we may share a direct quote but keep the identity of the speaker anonymous.
- Please be kind to each other and let’s remember to only speak one at a time.
- Everyone please mute yourself when you are not speaking and remember to unmute when you are ready to comment.
- If it has been a while and the group has not heard from certain participants, I may call on you to see if you have anything to add or share.
- I have timed each section and I will use questions to keep us on track. Our entire session will last roughly 90 minutes.
- We will share summary findings and the products that come from these focus groups with participants after the analysis is complete.
GPD focus group questions & flow:

FOCUS GROUP “GUIDELINES”

One other note I need to make before we begin, upon completion of today’s focus group, we will be initiating payouts for participating. If you still have not registered for how your payment will be received or have questions about how you will be getting paid, please stick around at the end of the focus group so I can answer your questions.

Section 1

INTRODUCTION TO THE GPD PROGRAM AND ENTRY (20 MIN)

- How were you introduced to GPD, and were you referred to the program? If so, through what system? (For example, the VA, CoC or Coordinated Entry) Furthermore, do you feel that through the referral process you were matched to the correct GPD model? How?

- Prior to going into GPD had anyone in the group participated in other VA or community homeless services?

- How did the model (interviewee see below) available or offered to you, impact your willingness or interest in participating in the GPD program?

  The Bridge Housing (BH) model provides short-term stays for Veterans who have pre-identified permanent housing interventions or destinations and need places to live while they completed housing processes.

  The Low Demand (LD) model operates from a harm reduction philosophy to engage Veterans in safe environments that have low barriers to program entry and low demands for continued stay. Low demand-style programs traditionally serve hard-to-reach, hard-to-engage, long term or chronically homeless Veterans with severe mental illness or substance use disorders.

  The Hospital to Housing (HH) model provides recuperative and respite care to homeless Veterans who were recently hospitalized.

  The Clinical Treatment (CT) model provides mental health or substance use disorder treatment alongside housing-focused and income-focused services.

  The Service-Intensive model (SI) provides a wide range of services to help Veterans, who choose transitional housing, work towards obtaining permanent housing as rapidly as clinically appropriate.
Section 1

INTRODUCTION TO THE GPD PROGRAM AND ENTRY (20 MIN)

- For those who turned down GPD, do you feel you were incorrectly matched to the GPD model you were offered? How did this play a part in declining this housing intervention?
  - For example, do you feel like you were being paired with housing that was not appropriate to your needs?
  - Had the correct option been available in your community and offered to you, would you have accepted the option to enter GPD?
- What were your goals when you entered GPD and what did you feel like you were able to accomplish?

Section 2

PHYSICAL ELEMENTS OF GPD (25 MIN)

- For the next section of questions, I want you all to be as descriptive as possible. I would like to hear about the physical structure of the facility you were/are in. Let’s talk through the following questions and which applied to the GPD facility where you lived.
  - Were rooms shared or were the rooms private?
  - Were bathrooms shared or were they private?
  - Was the facility co-ed? Do you consider this a good thing, bad thing, or do you feel neutral about it?
  - What spaces (for example kitchen, bathrooms, outdoor space, storage space, space to congregate and socialize, etc.) did you like within the facility and why? What spaces did you not like, and why?
  - How did the elements we just discussed about the facility structure impact your experience while in GPD?
- How large was the GPD facility you were in? Do you have a concept of how many other beds or rooms there were/are?
  - Do you have a perception of how occupied the facility was, or how many other veterans were or are in the facility along with you, during your stay? Did this number fluctuate a lot?
- For those who declined GPD, and thinking about the elements we just discussed, did things about the physical facility impact your decision making? Would you have accepted this housing intervention if the facility was different? Specifically what changes would have to occur to attract you to participate.
Section 3

STRUCTURE OF THE PROGRAM AND THE EXPERIENCE (25 MIN)

1. I want to discuss your day to day and how living in GPD feels. What were the days like, can you start with waking up in the morning to the point you went to sleep at night?
   - Let’s talk through some of the following questions which applied to the GPD program where you were a resident.

   **Program structure/schedule (wake up, meals, lights out)**
   - Was there a set time everyone had to be up by?
   - Was there a set time for meals? What if you missed a meal?
   - Is there a time everyone must be in bed by?

   **Individual schedule**
   - What was the first thing you would do during the day? How much of your day was free time?
   - Did your day have structure? Are you getting up in the morning with a set schedule for the day?
   - What if things got off schedule? What are the evenings like

   **Coming and going process**
   - How did coming and going work? Can you leave during the day? Are you required to go through any type of reentry to come back in in the afternoon?
   - What specifically about the coming and going worked well? What about it did not work well?

2. What was the impact of the pandemic on your stay in GPD? (If they were there during the pandemic).

3. Were you employed during your stay in GPD? Did you already have employment upon entry? Were there resources that GPD connected you with which led you to find employment while living there?
   - Do you think there were changes that GPD could have made which would make it easier to maintain a job while living in a facility?

4. How well do you feel like the GPD program you were in was connected to the rest of the community, including- receiving supportive services, accessing other resources, transitioning to housing, preparing you for life outside of the facility?

5. For those who declined GPD, and thinking about the elements we just discussed, were there specific elements about the GPD program and how it operates that made you decline this housing intervention? Would you have accepted this housing intervention if the program operated differently? Specifically what changes would have to occur to attract you to participate.
Section 4
EXIT (10 MIN)

1. Overall, from your perspective, is GPD a good program and do you think this transitional option is something other veterans in similar situations should consider? Why or why not?

2. What program or housing placement did you exit to? (Examples include HUD VASH, SSVF, community housing support program, permanent housing)

That is all for today. Thank you all for participating and sharing your experience.

I want to take a quick moment to go over again how you will be paid. You all should have received a link from Bill.com, which allowed you to fill in your personal information and select how you will accept payment.

1. Did everyone receive this link?

2. Were you able to fill out the information and select the way you want to be paid?

3. We will be submitting payments through this online service after this session ends.

4. Who here was not able to get their payment link and sign up with Bill.com?

5. Let’s see, is there a better email for you?
