



# Reaching Out: Quality Hospice & Palliative Care for Rural & Homeless Veterans

## Cover Sheet

### Applicant Organization Information:

<b>Organization Name:</b>	<u>Colorado Center for Hospice &amp; Palliative Care</u>				
<b>Organization Type:</b>	<u>State Hospice Organization; 501(c)(3)</u>				
<b>Street Address:</b>	<u>2355 Rossmere Street</u>				
<b>City:</b>	<u>Colorado Springs</u>	<b>State:</b>	<u>CO</u>	<b>Zip:</b>	<u>80919</u>
<b>Phone:</b>	<u>719-594-9233</u>	<b>Ext.:</b>	<u>_____</u>	<b>Fax:</b>	<u>719-594-9203</u>
<b>Organization Email:</b>	<u>CKassner@cochpc.org</u>		<b>Website:</b>	<u>www.cochpc.org</u>	
<b>Organization President/ Executive Director:</b>	<u>Cordt T. Kassner, PhD</u>		<b>Title:</b>	<u>CEO</u>	

### What is the mission/purpose of applicant organization? (250 characters max)

The purpose of this grant is to expand current successful work from the Colorado Hospice/Veteran Partnership and share HVP best practices across our VISN - including Montana, Utah, and Wyoming.

### Project Information:

Please supply the following information about the project and project manager/primary contact.

<b>Project Title:</b>	<u>Colorado HVP Expanded Across VISN</u>				
<b>Project Manager/ Primary Contact:</b>	<u>Cordt T. Kassner, PhD</u>				
<b>Position/Title:</b>	<u>CEO</u>				
<b>Street Address:</b>	<u>2355 Rossmere Street</u>				
<b>City:</b>	<u>Colorado Springs</u>	<b>State:</b>	<u>CO</u>	<b>Zip:</b>	<u>80919</u>
<b>Phone:</b>	<u>719-594-9233</u>	<b>Ext.:</b>	<u>_____</u>	<b>Fax:</b>	<u>719-594-9203</u>
<b>Project Manager/ Primary Contact Email:</b>	<u>CKassner@cochpc.org</u>				

### Project Questionnaire:

**Project Abstract (500 characters max)** Please keep answers limited to the space below.

This grant proposal seeks to create a new collaboration between Colorado, Montana, Utah, and Wyoming state hospice organizations to share best practices and further develop rural Hospice/Veteran Partnerships (HVPs) in these four states. These four states were selected for the collaboration because Veterans Integrated Service Network (VISN) 19 includes most of Colorado, Montana, Utah, and Wyoming.

## Reaching Out: Quality Hospice & Palliative Care for Rural & Homeless Veterans: Project Narrative

**Summary:** This grant proposal seeks to create a new collaboration between Colorado, Montana, Utah, and Wyoming state hospice organizations to share best practices and further develop rural Hospice/Veteran Partnerships (HVPs) across these four states. These four states were selected for the collaboration because Veterans Integrated Service Network (VISN) 19 includes most of Colorado, Montana, Utah, and Wyoming; as well as smaller portions of Idaho, Kansas, Nebraska, Nevada, and North Dakota. Colorado is taking the lead on this collaborative due to its successful implementation of the HVP Toolkit, a project that began in 2004, and several other additional HVP accomplishments. In 2004 Colorado received a \$5000 project grant to develop its HVP, and likewise this proposal includes \$5000 funding to “pass through” to Montana, Utah, and Wyoming to help with staffing expenses to develop these HVPs. Data references to VISN 19 in this proposal are limited to Colorado, Montana, Utah, and Wyoming.

1. **Organization Description:** The Colorado Center for Hospice & Palliative Care (“Center”) is a state hospice organization that received grant funding from the National Hospice & Palliative Care Organization (“NHPCO”) to start a HVP in May 2004. In collaboration with the hospice, VA, and other agencies and organizations represented in the Colorado HVP, the Center has successfully implemented all 8 steps of the HVP Toolkit, as well as additional projects including: inclusion of veteran resources on our Web site; a county-level service directory including hospice and veteran providers; unique hospice recognitions of veteran status; detailed explanation of the VA death benefits; development of frequently asked questions / answers resources; building awareness and distribution of Debra Grassman’s Wounded Warrior DVD presentation, the Military History Checklist, a Guide for Health Care Professionals, and additional articles across all Colorado hospice and veteran providers; and full day workshops as well as conference tracks focused on veteran specific concerns.
2. **Needs Statement:** According to the US Department of Health and Human Services, many Colorado and Utah counties are classified Frontier, and nearly all of Montana and Wyoming counties are Frontier<sup>1</sup>.

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<sup>1</sup> Rural Assistance Center, <http://www.raonline.org/maps/#frontier>, last accessed 12/11/08.

Interestingly, the percentage of veteran deaths<sup>2</sup> compared to total deaths<sup>3</sup> in all four participating states (32.0%), as well as in each state, significantly exceeds the national average (27.2%) in 2007:

Frontier Counties, 2000 Census Data



Hospice/Veteran Partnership Map 12.11.08



State	2007				2009	
	Veterans Living	Total Deaths	Veteran Deaths	Percentage Veteran / Total Deaths	Veterans Living	Veteran Deaths
Colorado	427,706	30,077	9,650	32.1%	424,228	10,029
Montana	104,391	8,616	2,799	32.5%	102,986	2,872
Utah	157,012	14,142	4,493	31.8%	155,052	4,608
Wyoming	56,125	4,200	1,288	30.7%	56,079	1,341
<b>VISN Total</b>	<b>745,234</b>	<b>57,035</b>	<b>18,230</b>	<b>32.0%</b>	<b>738,345</b>	<b>18,850</b>
<b>National Total</b>	<b>23,816,018</b>	<b>2,415,000</b>	<b>657,611</b>	<b>27.2%</b>	<b>23,066,965</b>	<b>656,098</b>

The VA projects 18,850 veteran deaths in Colorado, Montana, Utah, and Wyoming in 2009 – many of whom will not benefit from strong Hospice/Veteran Partnerships without funding of this proposal. Expansion of HVP activities across the four collaborating states are expected to result in system changes and increased awareness / access to quality end-of-life services to veterans. And according to recent information from Diane Jones, a consultant for VA/NHPCO initiatives, while Colorado and Utah have active HVPs, Montana and Wyoming currently demonstrate minimal progress<sup>4</sup>. The proposed project will establish or strengthen HVPs in the target

<sup>2</sup> National Center for Veterans Analysis and Statistics, <http://www1.va.gov/vetdata/page.cfm?pg=15>, last accessed 12/11/08.

<sup>3</sup> Center for Disease Control, National Vital Statistics Reports, Births, Marriages, Divorces, and Deaths: Provisional Data for 2007, [http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56\\_21.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56_21.pdf), last accessed 12/11/08.

<sup>4</sup> Personal email communication and information sharing with Diane Jones, 12/11/08.

states, which in turn will assist direct service agencies to connect veterans with needed services and benefits.

By disseminating proven tools and processes, the project will also enable the HVPs to conduct ongoing

veterans issue education and outreach in their respective states.

3. **Work Plan:** Please see NHPCO template document below.

Objectives	Strategies	Timeline	Responsible Party
The primary objective for this proposal is to successfully implement the HVP Toolkit across Colorado, Montana, Utah, and Wyoming; and to share / implement rural HVP best practices across these four states.	Colorado Center for Hospice & Palliative Care will take the lead in organizing monthly calls with HVP leadership in Montana, Utah, and Wyoming.	February-October 2009	State hospice organization leadership in Colorado, Montana, Utah, and Wyoming have all agreed to participate in this project to strengthen HVPs in each state. They will provide leadership in each of their states in forming / strengthening HVP committees to implement projects described below.
Consider potential partners.	Identify potential partners, including community hospice agencies, state veterans homes, VISNs, VA AACT Teams, VA Medical Centers, VA community-based clinics, Veteran Service Organizations, etc.	February 2009	As above.
Form a Steering Committee.	Forming a HVP Steering Committee of 10-20 members in each state representing as many stakeholders as possible. Leadership discussions to include purpose, structure, and responsibilities of committee members.	March 2009	As above.
Build a strong foundation.	Leadership discussion to include practical information regarding setting agendas, regular phone conferences and/or meetings, etc.	April 2009	As above.

Conduct a needs assessment.	The HVP Toolkit needs assessment survey will be reviewed, as will the survey Colorado used. Colorado results will be shared and compared to other state results to create individual strategic plans.	May 2009	As above.
Develop a strategic plan	Strategic plans developed in Colorado and elsewhere will be shared as examples to help create individual strategic plans in each state.	June 2009	As above.
Understand hospice and palliative care and the Medicare Hospice Benefit.	Tools developed and used in the Colorado HVP will be shared and discussed with the four states. Modifications in each state may be made as needed.	July 2009	As above.
Explore Veteran's Issues and the VA Health System	Tools developed and used in the Colorado HVP will be shared and discussed with the four states. Modifications in each state may be made as needed.	August 2009	As above.
Work together to build solutions	Unique questions and concerns are fully anticipated throughout this process, and will be discussed with local, state, and national experts.	September 2009	As above.
Review of grant accomplishments, planning a VA education event, and discussing HVP sustainability.	Ongoing implementation and sustainability efforts will be discussed and planned.	October 2009	As above.

Progress will be monitored and evaluated on monthly phone conferences with state hospice organization leadership collaborating on this proposal and VA leadership (as these individuals are identified). Progress will be shared with NHPCO through monthly reporting.

4. **Goals and Objectives:** In Colorado, we have seen increased awareness and knowledge of veteran status and improved end-of-life care hospice services since implementing our HVP. More hospices are asking about veteran status on admission, integrating veteran-appropriate inquiry and intervention, and honoring veteran's service than occurred before our HVP. In addition to our HVP committee and outreach successes, information is disseminated at full day HVP conferences and HVP tracks and exhibiting opportunities are included in our annual conference. This has resulted in increased awareness of veteran care and access to services and benefits across Colorado. Colorado plans to share our experience, lessons learned, and problems encountered with Montana, Utah, and Wyoming, and also share / learn best practices among the four states in rural veteran outreach across all four states. Direct involvement of rural veterans and their families may or may not be included in each state's HVP (this will be at their discretion), however direct veteran and family involvement will occur through the direct service provider agencies impacted through this grant proposal.
5. **Collaborations and Partnerships:** Collaborative leadership from Colorado Center for Hospice & Palliative Care, MHA... An Association of Montana Health Care Providers, Utah Hospice & Palliative Care Organization, and Wyoming Hospice Organization will successfully implement this project. These state hospice organizations will partner with VA leadership within each state and across the VISN to further develop each HVP.
6. **Key Personnel:** Project director is Cordt Kassner, PhD, CEO of Colorado Center for Hospice & Palliative Care.  
Key personnel in each state include:
  - a. Colorado: Cordt Kassner, PhD, Center CEO, project director; Jennifer Ballentine, MA, Center Director of Programs, Colorado HVP coordinator; and Jane McCabe, MS RN ACHPN, VA ECHCS: Denver Medical Center & Nursing Home, Colorado HVP Chair.
  - b. Montana: Casey Blumenthal, MHSA RN, Vice President MHA... An Association of Montana Health Care Providers, Montana HVP coordinator.
  - c. Wyoming: Linda Gault, Executive Director Wyoming Hospice Organization, Wyoming HVP coordinator.

- d. Utah: Dan Hull, Executive Director Utah Hospice & Palliative Care Organization, Utah HVP coordinator.
7. **Sustainability:** HVP sustainability in each state will be accomplished through ongoing voluntary committee structures, VA technology available at no charge (e.g., phone conference, meeting space as needed, etc.), and modest revenue from HVP education events to cover minimal expenses. Project results will be disseminated via NHPCO Council of States (state leadership) and national VA consultants (e.g., Diane Jones, etc.)
8. **Project Budget and Budget Narrative:** This proposal seeks \$25,000 for successful implementation, including \$15,000 initial HVP development support to “pass through” to Montana, Utah, and Wyoming (\$5000 each) for staffing expenses associated with developing/implementing their HVPs. Please see attached for additional detail.

**Budget Narrative:**

**Income:**

1. **NHPCO Grant:** \$25,000.
2. **Other cash contributions:** \$0. None anticipated.
3. **In-Kind Support:** \$5,000. Per grant guidelines at least 10% of in-kind support is required. This proposal expects at least 20% in-kind support through leadership and state HVP committee member time, technology support, office supplies, duplication of Debra Grassman’s Wounded Warrior DVD presentation, phone conference expenses, etc., associated with implementation of this grant.

**Expenses:**

1. **Personnel (existing) salary and fringe benefits:** \$9,000. Funds to be applied toward Colorado Center CEO and Manager salary and benefits for time dedicated to organizing and managing the work of this proposal and grant reporting.
2. **Personnel (new) salary and fringe benefits:** \$0. None anticipated.

3. **Consultants and/or subcontractors:** \$15,000. This proposal includes \$5,000 as a “pass through” to each state - Montana, Utah, and Wyoming (\$15,000 total) to support initial HVP development and start-up costs, as well as strengthening current HVP efforts. These funds will be used for staff support and HVP committee projects (e.g., needs assessment creation, duplication, distribution, and analysis).
4. **Travel cost for national grantee meeting in May:** \$1,000, per grant guidelines.
5. **Indirect expenses:** \$0. None anticipated.
6. **Other:** \$0. None anticipated. Grant guidelines note funding cannot be used for equipment purchases or office supplies.

Note: Due to the rapid dissemination of funds across four states, full grant funding is requested at the beginning of the project, if at all possible.

## Reaching Out: Quality Hospice & Palliative Care for Rural & Homeless Veterans

### Budget Form

Income	February 2009-October 2009
NHPCO Grant	\$25,000.00
Other cash contributions*	\$0.00
In-Kind Support**	\$5,000.00
<b>Total</b>	
Expenses	February 2009-October 2009
Personnel (existing) Salary and Fringe Benefits	\$9,000.00
Personnel (new) Salary and Fringe Benefits	\$0.00
Consultants and/or Subcontractors	\$15,000.00
Travel Cost for National Grantee Meeting in May	\$1,000.00
Indirect Expenses (maximum 7%)	\$0.00
Other, please specify***	\$0.00
<b>Total</b>	<b>\$25,000.00</b>

\*In the budget narrative please describe all sources of cash contribution.

\*\*In the budget narrative please describe all sources of in-kind support.

\*\* All other expenses should be listed separately and explained in the budget narrative.  
Add additional lines as necessary.

**NOTE:** Any line item that deviates more than 10% from this original budget will need to be submitted in writing to NHPCO Project staff for approval.



COLORADO CENTER  
*for*  
HOSPICE & PALLIATIVE CARE

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December 17, 2008

RE: *Reaching Out: Quality Hospice & Palliative Care for Rural & Homeless Veterans RFP  
Colorado Letter of Support*

Dear NHPCO and VA Grant Officers,

Thank you for the opportunity to apply for the Reaching Out: Quality Hospice & Palliative Care for Rural & Homeless Veterans Request for Proposals. This is an exciting opportunity to further develop hospice/veteran services to these two vulnerable populations.

This grant proposal seeks to create a new collaboration between Colorado, Montana, Utah, and Wyoming state hospice organizations to share best practices and further develop rural Hospice/Veteran Partnerships (HVPs) in these four states. These four states were selected for the collaboration because Veterans Integrated Service Network (VISN) 19 includes most of Colorado, Montana, Utah, and Wyoming.

As CEO of the Colorado Center for Hospice & Palliative Care and project leader for the enclosed grant proposal, I wrote and our organization fully supports the goals and responsibilities outlined. Additional letters of support are included from:

1. Colorado: Jane McCabe, MS RN ACHPN, VA ECHCS: Denver Medical Center & Nursing Home, Colorado HVP Chair.
2. Montana: Dick Brown, President/CEO MHA... An Association of Montana Health Care Providers, Montana HVP coordinator.
3. Wyoming: Linda Gault, Executive Director Wyoming Hospice Organization, Wyoming HVP coordinator.
4. Utah: Dan Hull, Executive Director Utah Hospice & Palliative Care Organization, Utah HVP coordinator.

Please contact me at phone 719.594.9233 or email [CKassner@cochpc.org](mailto:CKassner@cochpc.org) with any questions or comments. Thank you again for the opportunity to apply for this Request for Proposal.

Sincerely,

*Cordt Kassner*  
Cordt T. Kassner, PhD  
Chief Executive Officer

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Email  
[Info@COCHPC.org](mailto:Info@COCHPC.org)

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Colorado Springs, Colorado 80949  
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**DEPARTMENT OF VETERANS AFFAIRS  
EASTERN COLORADO HEALTH CARE  
SYSTEM**

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1055 Clermont St.  
Denver, CO  
80220  
303-399-8020

Nursing Home  
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81001  
719-295-7279

OUTPATIENT  
CLINICS

622 Del Sol Dr.  
Alamosa, CO  
81101  
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13001 E. 17<sup>th</sup> Pl.  
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1100 Carson Ave.  
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81050  
719-383-5195

155 Van Gordon  
Suite 395  
Lakewood, CO  
80228  
303-914-2680

201 Kendall Dr.  
Lamar, CO  
81052  
719-336-5972

4112 Outlook Blvd.  
Pueblo, CO  
81008  
719-553-1000

SUPPORT  
OFFICES

531 Lewis Street  
La Junta, CO  
81050  
719-384-4632

507 Bent  
P.O. Box 390  
Las Animas, CO  
81054  
719-456-6086

1300 Fortino Blvd.  
Pueblo, CO  
81008  
719-553-1000

December, 12 2008

Dear NHPCO Grant Selection Committee,

This letter is written to indicate my support of the Colorado Center for Hospice & Palliative Care Reaching out: Quality Hospice & Palliative Care for Rural & Homeless Veterans grant application. I am the Chair of the Colorado Hospice Veteran partnership and work in the position of Palliative Care Clinical Nurse Specialist at the VA Eastern Colorado Health Care System. In these roles I have been in a position to witness and be a part of a rich collaborative effort to improve end of life care for our veterans in Colorado.

Our Colorado Hospice Veteran Partnership began its efforts in 2004 with the support of the Colorado Palliative Care Partnership, Colorado Hospice Organization and an NHPCO grant to fund a strategic planning and education meeting. Using the Hospice Veteran Partnership toolkit as a guide, we surveyed our community hospices throughout the state. We also surveyed VA hospitals and clinics in the state as well as our state veterans' nursing homes. We put our workgroup together to include volunteer members from community hospices, VA, State Veterans Homes, County Veterans Service Office and other organizations that serve veterans. The next step was convening monthly tele-conference calls to bring workgroup members together. FAQ sheets were developed and distributed across the state. Veteran specific information and links were placed on the state organization's web site. In 2007 we began the "Ask me if I am a Veteran" campaign. Hospices were given education, Deborah Grassman's Wounded Warrior DVD was distributed to every hospice in the state and the workgroup made follow up calls encouraging hospices to begin to ask the question on admission to hospice. The outcome goal of 25% of our state's hospices asking the question and keeping track of the numbers of veterans served was reached. Hospices began recognizing veteran's military history by providing certificates, pins and dog tags, commemorating dates and providing education to staff and volunteers. Education sessions and exhibit table materials have been offered each year at our state hospice & palliative care organization's annual conference. In 2008 we have distributed the Military History checklist and guideline to our state's hospices. We are currently making follow-up calls to our hospices to offer support and encouragement to implement the Military History checklist.

Sharing this experience would offer opportunity to support other states in VISN 19 to get their Hospice Veteran Partnership started.

I will work closely with the Colorado Center for Hospice and Palliative Care to reach out with support to the other states in VISN 19. Colorado, Wyoming, Utah and Montana are primarily rural and are projected to need to serve 18,850 dying veterans in 2009. It is critical that efforts are directed towards their care and support.

Sincerely,

*Jane McCabe*  
Jane McCabe RN, MS  
Palliative Care CNS



AN ASSOCIATION OF  
MONTANA HEALTH  
CARE PROVIDERS

December 19, 2008

NHPCO  
1731 King Street, Ste. 100  
Alexandria, VA 22314

RE: Letter of Support  
"Quality Hospice & Palliative Care for Rural & Homeless Veterans"

To Whom It May Concern:

I am writing this letter in support of the funding request by the Colorado Center for Hospice and Palliative Care in collaboration with the neighboring state hospice organizations of Montana, Wyoming and Utah to develop rural Hospice/Veteran Partnerships across this region.

The members of MHA...An Association of Montana Health Care Providers provide hospital, nursing home, home health, hospice and other services to the citizens of Montana. We have already established a strong network of community partners, which helps to assure the success of this program.

Montana is not only rural, but frontier, with fewer than 1,000,000 residents spread out across almost 150,000 square miles. We have 104,000 veterans in our state, and some live in areas with limited or no medical services. There is only one VA inpatient facility in Montana (which is a member of MHA), and a handful of clinics and 2 nursing homes within our broad borders.

The proposed grant is the perfect vehicle to connect the dots of these clinics, the hospital & its referral sources, and the hospice providers; essentially, it can help reignite Montana's stalled Hospice Veteran Partnership which started out several years ago, but died with the Rallying Points project.

Because of the work already done through the Colorado Center for Hospice & Palliative Care, it will be much more realistic and feasible for these states with similar barriers to move forward in putting a functional network in place. Additionally, the experienced and knowledgeable leadership of Dr. Kassner will provide a focused, consistent approach to keep the partners on track to meet project goals and timelines.

As the hospice organization and state affiliate for NHPCO in Montana, MHA is eager to participate in this opportunity to advance end-of-life care for our veterans. It is a part of their lives that is currently underserved, and they deserve better.

Thank you for your consideration of this request. Please feel free to contact me should you require additional information.

Sincerely,

A handwritten signature in black ink that reads "Dick Brown". The signature is written in a cursive style with a large initial "D" and "B".

Dick Brown  
President/CEO



# Utah Hospice & Palliative Care Organization

"Promoting the art and science of hospice and palliative care"

## ELECTED OFFICERS

**Francelle Roush**  
President

**Denell Bredsguard**  
Past-President

**Annika Hunt**  
President-Elect

**Cassy Killpack**  
Secretary

**Tom Loken**  
Treasurer

## COMMITTEE CHAIRS

**Kathy Leeper**  
**Renee Kraczek**  
Education Com. Chair

**Laura Gould**  
**Sue Childress**  
Ethics Com. Chair

**Bree Deuel**  
Governmental Affairs

**Margene Luke**  
**Sherry Morris**  
**Sheryl Stewart**  
Membership/Nominating  
& Awards Com Chair

**Robert Ostler**  
Public Relations

**Tracy Ruiz**  
**Henry Fox**  
Volunteer Com. Chair

**Dan Hull**  
Executive  
Director

**Linda Hull**  
Executive  
Secretary

19 December, 2008

Cordt T. Kassner, PhD.  
Chief Executive Officer  
Colorado Center for Hospice & Palliative Care  
PO Box 50888  
Colorado Springs, CO 80949

Dear Cordt:

I am writing you to confirm both my support as the Executive Director for the Utah Hospice & Palliative Care Organization and our board in going forward in applying for the Hospice/Veteran Partnership Grant Proposal. We are committing to actively participate in the grant and the goals and requirements of the grant. We have great experience working with the Veterans Partnership group and look forward to more interaction.

We look forward to working closely with you to make this grant successful. Feel free to contact when further assistance is needed.

Sincerely,

Dan Hull  
Executive Director

# Wyoming Hospice Organization

32 Corthell Road, Laramie, Wyoming 82070

[lindagault00@vcn.com](mailto:lindagault00@vcn.com)

[www.wyominghospice.org](http://www.wyominghospice.org)

December 18, 2008

National Hospice & Palliative Care Organization

1731 King Street, Ste. 100

Alexandria, VA 22314

RE: Letter of Support  
"Quality Hospice & Palliative Care for Rural & Homeless Veterans"

To Whom It May Concern:

I am writing this letter in support of the funding request by the Colorado Center for Hospice and Palliative Care in collaboration with the neighboring state hospice organizations of Wyoming, Montana, and Utah to develop rural Hospice/Veteran Partnerships across this region.

The rural nature of Wyoming, with a population totaling less than 500,000 residents, will be well served through this collaboration and the guidance provided by the Colorado Center for Hospice & Palliative Care under the direction of its director, Cordt Kassner.

I was director of Hospice of Laramie for four years and just recently took on the statewide position with the Wyoming Hospice Organization. VA facilities in Wyoming are very limited and few local hospices have the staff and means to foster a relationship with the Veterans Administration. It is estimated that over 1,300 veterans will die in Wyoming in 2009. I believe the efforts put forth through this proposal will greatly benefit our rural and homeless veterans. Therefore, the Wyoming Hospice Organization is willing to participate in the development of HVP in Wyoming.

Thank you for your consideration of this request. Please feel free to contact me should you require additional information.

Sincerely,

*Linda Gault*

Linda K. Gault  
Executive Director