Appendix D

Eligibility, Admissions, and Referral Protocol

Supporting document to Prospectus v2.3
Revision v1.3 | Revised September 6, 2026
Issued reader-facing planning document — proposed eligibility, admissions, and referral framework; formal policy adoption and professional review pending
Current package reference: CFVV_Investor_Philanthropy_Prospectus_v2.3_2026-09-04.docx

Purpose, Status, and Planning Basis

This appendix states the current planning framework for Veteran eligibility, residency, admissions screening and decisions, referrals, warm handoffs, documentation, privacy, and professional review within Claude Firth Veteran Village. It supports the current controlled CFVV prospectus package and must be read with the command and governance boundaries in Appendix C and the controlling financial treatment in Appendix E. It is a planning document, not an adopted admissions policy, residency contract, legal or clinical opinion, final professional determination, or final Board-approved implementation directive. Implementation requires the organizational, legal, clinical, privacy, fair-housing, nondiscrimination, and other professional validation identified below.

Planning Basis and Controlling References

Current capitalization is $21.30 million capital development plus a separate $1.00 million initial operating reserve, totaling $22.30 million. Financial assumptions remain under Appendix E; earlier source estimates are not carried forward as current figures.

The current organizational planning framework distinguishes The Veteran Village Movement Organizing Association, a temporary Texas unincorporated nonprofit organizing association, from The Veteran Village Movement, Inc., the intended permanent Texas nonprofit corporation and likely 501(c)(3) applicant. CFVV is initially contemplated as a program of the parent, with a possible later controlled subsidiary or affiliate. This draft does not establish formation, tax exemption, deductibility, or permanent fundraising authority.

Current Policy Boundaries and Matters Requiring Completion

Admissions and Discharge Authority

Current planning contemplates a nine-seat voting parent Board—seven Veteran Board seats plus founder-continuity seats for James Howard Sullivan and Martin E. Finney. While CFVV operates within the parent Veteran Village Movement organization, the Sergeant Major / Village Manager, First Sergeant / Property and Logistics Manager, and Padre / Chaplain-LPC are intended to serve as voting members of the parent governing Board within the seven Veteran seats, not as additional seats. When CFVV later receives a separate governing structure, those office-linked Board positions are intended to transition to the CFVV governing Board. The resulting vacancies on the parent Board are to be filled through the parent organization’s governance process. An individual CFVV officer may separately remain

eligible for continued or dual service on the parent Board if permitted by the final organizational structure, governing documents, Board action, fiduciary and conflict-of-interest requirements, recusal safeguards, and nonprofit counsel review. Board membership does not itself confer admissions, discharge, urgent-action, clinical, or appellate authority. The Board remains responsible for adopted policy and written delegation; routine decisions, urgent safety actions, recusals, appeals, and independent review require a documented authority structure.

Eligibility and geographic scope

Veterans from anywhere in the United States may be considered, with initial outreach emphasizing Texas. Eligibility may include the verified military-service categories stated below and is not limited to homelessness or VA-benefit eligibility. Service status must be verified, and program- or funder-specific eligibility requirements require separate review.

Participation, disability, and paid work

Residents are expected to participate constructively in individual development, community life, useful work, education, or training according to their abilities and circumstances. Responsibility and useful participation must be implemented through individualized planning, appropriate accommodations, fair compensation where applicable, and separate residency and employment decisions. Appendix C and professional review must distinguish employment, training, volunteering, housekeeping, and community duties. An inability to perform one task must not be equated with unwillingness to participate.

Capacity, households, and annual service count

The current baseline remains approximately 30 Veteran residents, 30 beds/residences, and one Veteran resident per residential unit. Household occupancy, service capacity, turnover, and the annual number served must be established before operational or grant commitments. This appendix creates no additional beds, approves no family housing or non-Veteran residency, and guarantees no annual throughput.

Referral commitments and care boundaries

The Village commitment is to provide an appropriate path forward through respectful, active assistance while recognizing actual capacity and available resources. The Village cannot promise a receiving provider’s acceptance or an available bed. Referral categories do not constitute a verified operating network. Clinical risk assessment, crisis response, withdrawal care, medication policies, and after-hours coverage require professional completion.

Missing operating instruments

Required operating instruments include the Village Covenant and residency agreement; service-verification standards; consent and records forms; screening and accommodation procedures; authority and review rules; a verified referral directory and applicable agreements; emergency and transport arrangements; discharge and readmission procedures; and staff training.

Admissions Philosophy

Purpose and Mission

The Claude Firth Veteran Village is a mission-first reintegration community for at-risk Veterans who need housing, structure, useful work, counsel, accountability, and renewed purpose. It is not designed as a general-access homeless shelter or as a substitute for a hospital, inpatient treatment center, correctional facility, or institutional care. Admission should join the applicant's needs and willingness with the Village's actual ability to support that person safely.

Integrity, Potential, and Willingness

"We are seeking Veterans who meet the standard of integrity, potential, and willingness. Integrity reflects honesty and accountability. Potential reflects the capacity to rebuild. Willingness reflects openness to structure and change."

"If an applicant is not a fit, every reasonable effort will be made to connect them with a program or institution best suited to their needs. The goal is proper placement, not exclusion."

"We are not here to manage decline. We are here to restore trajectory—through structure, work, and brotherhood."

Prevention and Individualized Consideration

The Village seeks to intervene before loss of purpose and stability develops into chronic homelessness or another serious crisis. An applicant need not already be homeless to be considered under the Village philosophy. The source understanding of hopelessness is a statement of mission and Founder philosophy, not a clinical diagnosis or a replacement for assessment of medical, psychiatric, or substance-use needs.

Applicants are considered individually. A diagnosis, discharge classification, criminal-history category, or single life circumstance does not by itself establish suitability or unsuitability. Decisions should reflect present circumstances, documented risk, legal restrictions, the applicant's goals, and the Village's actual capability.

Participation with Dignity

Residents are expected to participate constructively in individual development, community life, work, education, or training according to their abilities and circumstances. The model preserves responsibility while allowing individualized plans and appropriate accommodation. Employment by a Village enterprise is paid work, and residents are not required to work in a particular enterprise. Housing and employment require separate agreements and decisions.

The Movement's spiritual and philosophical foundations inform its character. Admission, employment, assistance, and participation do not depend on agreement with a particular religious or philosophical viewpoint.

Eligibility and residency framework

The following provisions state the current eligibility and residency planning framework. They remain subject to formal policy adoption and the professional reviews identified in this appendix.

Military service and referral sources

Eligibility may include verified service in an active component, federal Reserve, Army or Air National Guard, or official state military or defense force such as the Texas State Guard. Comparable verified service from another state may be considered. Private militias, political organizations, and unofficial paramilitary groups do not qualify. Service history and legal status require verification; Village eligibility does not depend exclusively on VA-benefit eligibility.

Veterans from anywhere in the United States may be considered, with initial outreach emphasizing Texas. Referrals may originate with Veterans, families, Veteran organizations, government agencies, health-care providers, community organizations, faith communities, and law-enforcement or judicial sources. Referral does not establish admission, and a funder's eligibility rules require separate review.

General exclusion boundaries

The Village will not admit an applicant presenting a substantial and unmanageable danger, requiring institutional care beyond Village capabilities, or unwilling to participate constructively or follow the Covenant. Assessment must distinguish current, documented circumstances from labels or assumptions. Clinical evaluations belong to qualified professionals. Appropriate alternative placement should be pursued when the Village cannot meet the need.

Criminal history and restrictions

Discharge character and criminal history receive individual review. Screening is expected to address registry information, warrants, probation, parole, and applicable restrictions. Sex-offender history requires heightened individual review of the offense, elapsed time, subsequent conduct, supervision, residency/contact restrictions, risk to residents and the public, vulnerable persons, and actual supervision capacity. Admission is not presumed. Detailed policy remains reserved for Think Tank and qualified legal review.

Residency, households, and accessibility

The existing Plan provides an initial one-year residency agreement including the Village Covenant, with extensions by mutual agreement based on circumstances, progress, continuing need, participation, capacity, and support capability. Renewal is not automatic.

Current planning does not adopt family housing or automatic spouse/partner residency. The opening baseline remains one Veteran resident per residential unit, with any spouse, committed domestic partner, caregiver, child, guest stay or other household accommodation requiring pre-approval under final eligibility policy, residency agreement, legal, fair-housing/accommodation, clinical and safety, staffing, insurance, utility-load/design, grant/funder and professional review. The Village may preserve the value of stable family relationships and may later explore family-sized or off-site options as resources develop, but no immediate family-placement capacity or non-Veteran residential eligibility is promised.

The existing Plan calls for wheelchair access, reasonable accommodation, and lawful accommodation of qualified service animals. Detailed assistance-animal and accessibility rules require professional review. Rent, household charges, hardship provisions, and payment timing must be reconciled with Appendix E before inclusion in a binding agreement.

Proposed screening and decision process

The following sequence describes the current planned admissions screening and decision process for Founder, Think Tank, legal, clinical, and governing-body review. It remains proposed and has not yet been adopted as an operating policy.

Initial contact and urgent needs

A designated intake coordinator records the referral, safe contact method, immediate needs, and applicant consent appropriate to the contact. Staff explain the proposed program and its limitations. An apparent emergency takes priority over ordinary eligibility processing; staff use an approved emergency-response procedure and qualified emergency services. Untrained intake personnel do not make clinical clearance decisions.

Verification and individualized assessment

Verify identity and qualifying service using approved evidence standards. Assess housing instability, goals, participation preferences, household needs, accessibility, transportation, and support needs. Conduct lawful screening of relevant criminal history and restrictions. Qualified professionals assess clinical matters within their competence and identify whether necessary care can actually be accessed. Obtain only information needed for the decision, under approved consent and records rules.

Match needs to real operating capacity

Compare documented needs with available staffing, safe housing, accommodations, clinical partners, transportation, and program resources. Explain the Covenant, residency expectations, possible fees, and separate employment arrangements. Record supports or accommodations considered and unresolved questions. A proposed partner or an anticipated staff hire must not be treated as available capacity.

Document an authorized disposition

The authorized decision-maker designated through the still-pending written delegation records admission, request for further information, deferral/waitlist, or non-admission with referral. Distinguish lack of space from program unsuitability. Give the applicant an understandable explanation, next steps, and any approved reconsideration route. Board membership by a senior on-station leader does not substitute for this delegation. Specific turnaround times, waitlist priorities, conditions of admission, and review deadlines remain unset.

Prepare entry and review

Before occupancy, confirm the lawful operating entity, approved residency agreement and Covenant, consent forms, emergency contacts, individualized participation plan, accommodations, and actual

support arrangements. Designate a responsible staff member for follow-up. Do not make a job offer a substitute for a residency decision or treat the loss of employment as automatic housing termination.

Authority, Privacy, and Clinical Separation

Intake administration, operational decision authority, licensed assessment, and independent review must be assigned explicitly. Under the transitional governance plan, the Sergeant Major / Village Manager, First Sergeant / Property and Logistics Manager, and Padre / Chaplain-LPC are intended to serve as voting members of the parent governing Board within the seven Veteran seats while CFVV operates within the parent organization. If CFVV later receives a separate governing structure, the office-linked Board positions are intended to transition to the CFVV governing Board. This Board participation does not create automatic admissions, discharge, urgent-action, clinical, or appellate authority for any of the three officers. Clinical, counseling, privileged, pastoral, and confidential resident information must not be disclosed in governance deliberations except where legally authorized and appropriately necessary. Counsel and licensed-clinical review must address applicable HIPAA status, Texas confidentiality law, pastoral privilege, informed consent, records separation, mandatory reporting, safety exceptions, minimum-necessary disclosure, and the Padre's dual clinical/governance role.

Referral Network and Warm-Handoff Protocol

Guiding Principle

"No Veteran is turned away without a path forward."

"Each non-admitted applicant will receive a case assessment, referral identification, direct guidance, and when possible a warm handoff to the receiving organization."

The commitment is to respectful, active assistance matched to need. A warm handoff depends on consent, receiving-service availability, and the Veteran's choice; it is not a guarantee of placement. The Village should document reasonable efforts and unresolved needs rather than describe an unsuccessful referral as a completed placement.

Referral Categories

Clinical and behavioral health care: VA medical centers, inpatient psychiatric programs, licensed providers, and trauma-focused care.

Substance-use treatment and recovery: residential rehabilitation, withdrawal-management/detox services, outpatient programs, and sober living environments.

Institutional and high-supervision environments: court-mandated programs, reentry services, and structured transitional housing.

Emergency and low-barrier shelter services: emergency shelters, VA transitional housing, rapid rehousing, and local assistance providers.

Employment and workforce development: workforce agencies, trade certification programs, apprenticeships, and job-placement services. These are potential service types, not confirmed CFVV partners.

Proposed warm-handoff procedure

Identify the immediate and longer-term need with the Veteran. Confirm a suitable provider's current eligibility criteria, contact person, service availability, accessibility, cost, and intake requirements. With appropriate consent, make direct contact while the Veteran is present or through a coordinated introduction. Share only necessary information through an approved channel.

Confirm the next action: appointment, screening call, intake location, or waitlist step. Address practical barriers such as documents, transport, timing, and safe contact. Obtain acknowledgment where possible; record whether the referral was offered, accepted by the Veteran, contacted, scheduled, completed, declined, or unavailable. A telephone number alone is not a completed warm handoff.

Assign follow-up to a named staff role, with timing based on urgency and approved policy. If the first option fails, pursue another appropriate route within actual capacity; document the barrier and next step. If the Veteran declines, respect that choice, provide available information, and document the offer. Reconsideration after treatment or changed circumstances follows a future approved readmission policy.

Planning Direction and Professional Validation

Current Governance Direction and Implementation Requirements

Authority and Delegation. Founder-approved planning direction establishes that, while CFVV operates within the parent Veteran Village Movement organization, the Sergeant Major / Village Manager, First Sergeant / Property and Logistics Manager, and Padre / Chaplain-LPC are intended to serve as voting members of the parent governing Board within the seven Veteran seats. When CFVV later receives a separate governing structure, those office-linked Board positions are intended to transition to the CFVV governing Board, and the resulting parent-Board vacancies are filled through the parent organization's governance process. Continued or dual parent-Board service by an individual CFVV officer would require separate authorization under the final governing framework. That Board role does not automatically create admissions or discharge authority. The written delegation model for routine admissions, discharges, urgent actions, and appeals must identify responsible roles, limits, escalation, recusals, and independent review for legal and Board approval. Final implementation remains subject to governing documents and professional review.

Residency Capacity and Household Exceptions. The current baseline is 30 tiny homes, 30 resident beds, and one Veteran resident per home. No spouse, partner, caregiver, child, family, or other additional-resident exception is adopted. Visitor and guest rules and renewable-residency provisions must be defined without expanding the baseline. Any later residential exception requires a controlling decision and appropriate eligibility, fair-housing, accessibility, clinical, safety, staffing, insurance, utility-capacity, governing-authority, and professional review.

Opening Resources and Priorities. Initial intake volume, referral-coordination coverage, transport resources, waitlist priorities, and the needs that can be supported safely at opening must be defined before implementation. These are operating decisions and do not alter the settled mission.

Implementation Responsibilities. Assign responsible development owners for the Covenant, application and consent forms, partner directory, clinical arrangements, and Appendix C and E interfaces. Confirm fees, hardship provisions, and renewal-review criteria against the controlling financial model.

Required Professional Validation

Texas nonprofit and housing counsel: operating-entity authority; governance/delegation; residency and termination rights; fair housing and nondiscrimination; criminal-history screening and legal restrictions; accommodation and assistance animals; privacy, consent, records, appeals, and funder-specific eligibility.

Licensed clinical advisers and emergency partners: assessment boundaries; current-risk evaluation; crisis and after-hours procedures; substance use, relapse, medications and withdrawal needs; clinical referral criteria; continuity of care; confidentiality when the Padre role overlaps with management.

Employment counsel, CPA, and insurer: paid work versus training, volunteering and resident duties; housing/employment separation; resident charges and grant conditions; staffing and referral costs; professional, transport, safeguarding, and general liability coverage.

Design and local regulatory professionals: safe occupancy, accessibility, household capacity, emergency access, and any applicable operating approvals. Actual referral providers must validate contacts, admission criteria, availability, transport arrangements, and agreement terms.

Professional Review and Adoption Requirements

Before release as an operating protocol, complete the required legal, clinical, fair-housing, nondiscrimination, privacy, employment, financial, insurance, accessibility, and regulatory reviews; approve the residency agreement, Covenant, forms, authority rules, and emergency procedures; verify a usable partner directory and applicable arrangements; train responsible staff; and obtain formal adoption by the authorized governing body. Record the controlled version, approval date, approver, policy owner, and review date.

Document control: version v1.3; reader-facing planning/support document dated September 6, 2026. Parent-Board composition and the transitional Board participation of the three designated senior CFVV officers are settled organizational planning directions; their final legal implementation, the future CFVV governing structure, any continued or dual parent-Board service, written admissions and discharge delegation, professional validation, forms, agreements, and operational adoption remain open. Board membership alone does not determine who administers this protocol. This appendix does not adopt an operating policy or independently establish legal, clinical, governance, or professional authority.

Document revision log

Revision	Date	Status / approval	Summary of change	Principal controlling sources
v1.0	2026-09-03	Issued planning document - proposed admissions and referral framework; formal policy adoption and professional review pending	Initial controlled issue following package synchronization; proposed policy framework unchanged.	Prospectus v2.2; approved admissions/referral sources
v1.1	2026-09-03	Revised planning document; policy adoption and professional review pending	Governance handoff recorded; separate written delegation remains required for admissions, discharge, urgent actions, appeals, recusals and review.	Prospectus v2.2; governance handoff; admissions/referral sources
v1.2	2026-09-06	Issued reader-facing planning document — policy adoption and professional review pending	Implemented the Founder-approved transitional governance synchronization with Appendix C v1.4; removed internal drafting, audit, consolidation, and source-recovery provenance; converted internal control language to reader-facing form. No intended substantive change beyond D-1 through D-3.	Appendix D v1.1; verified Appendix C v1.4; Founder-approved D-1 through D-3 and Stage 2 cleanup authorization
v1.3	2026-09-06	Issued reader-facing planning document — policy adoption and professional review pending	Limited document-control / Prospectus-reference synchronization; current package reference updated to CFVV Investor/ Philanthropy Prospectus v2.3. No substantive planning change.	Prospectus v2.3; Appendix D v1.2; Founder authorization