MONTAQUE LEGACY LIVING

FOR VETERANS, LLC

HOSPITAL DISCHARGE PLANNING AND VETERAN HOUSING PARTNERSHIP PACKET

Prepared for Hospital Social Work, Case Management and Discharge Planning Teams

Independent furnished shared housing across Eastern North Carolina

Outreach systems: Duke Health • WakeMed • UNC Health • ECU Health • CarolinaEast Health System

Business identifiers	Contact
UEI P2SEU4THM3Y1 CAGE 25BJ7 SAM.gov Active	Dominique Montaque, Founder and Managing Member (252) 510-6509 dominique@montaqueveteransliving.com montaqueveteranslivingnc.com

PROFESSIONAL REVIEW COPY — This packet describes a pre-opening independent-housing model. It is not a medical-respite, assisted-living, treatment or 24-hour-supervision program. A hospital referral does not guarantee acceptance, placement, payment or discharge clearance.

Contents and Document Status

Materials submitted for hospital-partner review.

Section	Contents	Status
1	Executive summary and partnership request	Ready for discussion
2	Company capability and housing model	Ready for discussion
3	Referral profile and individualized screening	Draft for hospital review
4	Discharge-to-housing pathway	Draft for hospital review
5	Hospital referral form and transition checklist	Sample forms
6	Payment framework and rates	Proposed; property-dependent
7	Consent, privacy and coordination	Draft operational policy
8	Safety, medication and equipment boundaries	Draft operational policy
9	Property readiness and implementation plan	Pending property selection
10	Hospital review checklist and notes	For meeting use

Review purpose

This packet is designed to help hospital teams determine whether Montaque can become a safe community-housing option for veterans who are medically ready for discharge and appropriate for independent living. Sample forms are included so each hospital can identify required revisions, secure-submission procedures and escalation contacts before the first referral.

- Business identifiers are current as of October 8, 2026.
- Rates are proposed until a property and payer pathway are approved.
- Resident documents will be finalized for the selected property before use.
- No veteran information should be entered in this review copy.

Executive Summary

A proposed community-housing resource for independently living veterans.

Montaque Legacy Living for Veterans, LLC is preparing small furnished homes for three or four adult veterans across Eastern North Carolina. Initial target communities are Greenville/Winterville, Rocky Mount and Edenton. The preferred model provides one resident per approved private bedroom, shared common areas, written resident expectations and a documented referral-to-move-in process.

Partnership request

Montaque is seeking a working relationship with hospital social work, case management, behavioral-health discharge and community-benefit teams. The goal is to receive appropriate housing inquiries only after the treating team has determined that the veteran is medically ready for discharge and does not require services that Montaque does not provide.

Value to hospital teams

- A clearly defined independent-housing option for eligible veterans returning to Eastern North Carolina.
- One accountable contact for vacancy, screening, document and housing-coordination questions.
- A standardized referral form, payment-verification process and move-in checklist.
- Written service boundaries that reduce the risk of an unsafe discharge to a non-clinical setting.
- Authorized post-discharge coordination limited to housing status, safety, payment and agreed community services.

Decision requested

Please identify the appropriate referral owner, secure method for sending housing information, required discharge documents, preferred response time, payment resources and escalation contacts. Montaque also requests review of the enclosed referral and transition forms before they are used.

Hospital Partnership Introduction

Letter to hospital social work and discharge-planning leadership.

October 8, 2026

Dear Hospital Community Partner,

I am Dominique Montaque, a U.S. Navy veteran and Founder of Montaque Legacy Living for Veterans, LLC. I am developing furnished independent shared housing for veterans across Eastern North Carolina and would like to establish a responsible referral relationship with your social work, case management and discharge-planning teams.

The planned homes are for adults who can live independently in a non-clinical shared setting. Montaque will not provide medical care, medication administration, detoxification, skilled nursing, personal care, behavioral-health treatment or 24-hour supervision. A veteran must be medically ready for discharge, have an appropriate follow-up plan, meet individualized housing criteria and have a verified payment pathway before move-in.

I am requesting a meeting to review your hospital's process for connecting veterans to community housing, the information your team may lawfully share with consent, and the steps required to avoid a delayed or unsafe discharge. I welcome direct feedback on the sample referral form, transition checklist and communication procedures in this packet.

Respectfully,

Dominique Montaque
Founder and Managing Member
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Company Capability and Service Boundaries

Professional housing coordination without clinical overreach.

Organization profile	Details
Legal name	Montaque Legacy Living for Veterans, LLC
Ownership	Veteran-owned; VOSB/WOSB certification applications pending
Federal identifiers	UEI P2SEU4THM3Y1 | CAGE 25BJ7 | SAM.gov active
Service area	Eastern North Carolina; initial targets include Greenville/Winterville, Rocky Mount and Edenton
Planned capacity	Three or four adult veterans per home; one resident per approved bedroom
Current stage	Pre-opening: hospital outreach, property selection and operating readiness

Founder background

Dominique Montaque is a U.S. Navy veteran with professional experience in emergency medical services and hospital care, including work as a paramedic, CNA II, medication aide/med tech and phlebotomy technician. She is pursuing a bachelor's degree in Health Information Management. This background supports disciplined documentation and communication; it does not make the housing program a clinical provider.

Housing services

- Furnished private-bedroom housing in a respectful shared-home setting.
- Written referral, screening, payment, move-in and resident-communication processes.
- Property oversight, maintenance coordination, safety checks and organized housing records.
- Reasonable-accommodation review and authorized coordination with hospital/community partners.

Services not provided

- No medical treatment, skilled nursing, medication administration or personal care.
- No detoxification, crisis stabilization, behavioral-health treatment or 24-hour supervision.
- No hospital transportation unless separately agreed in writing.
- No control of resident benefits, finances, medical decisions or treatment compliance.

Housing Model and Resident Experience

Dignity, privacy and accountability in a small shared home.

Area	Planned standard
Bedroom	One veteran per approved private bedroom; furnished for sleep, storage and personal privacy.
Common areas	Shared kitchen, living, laundry and recreation space with written expectations.
Safety	Smoke/CO alarms, extinguishers, clear exits, lawful locks, emergency contacts and incident reporting.
Accessibility	Property matched to the resident; accommodation requests reviewed individually.
Privacy	Information limited to housing needs and shared only with authorization or legal permission.
Support coordination	Outside providers remain responsible for clinical, benefits, treatment and case-management services.

Target communities

- Greenville and Winterville — Pitt County and surrounding communities.
- Rocky Mount — Nash and Edgecombe County area.
- Edenton — Chowan County and nearby northeastern North Carolina communities.
- Additional Eastern North Carolina locations when property, referral demand and partner support are confirmed.

Readiness stop rule

Montaque will not represent a room as available or accept a discharge placement until lawful property use, occupancy, safety, insurance, payment authorization, resident documents and individualized housing fit are confirmed.

Referral Profile and Individualized Screening

The right resident for a non-clinical independent-housing setting.

A potentially appropriate referral

- Adult veteran who is medically ready for discharge and does not require an inpatient level of care.
- Can live independently without personal care, medication administration or continuous supervision from Montaque.
- Seeks furnished housing in the planned Eastern North Carolina service area.
- Can follow shared-home expectations, with reasonable accommodations considered individually.
- Has an identified payment source or documented funding plan that can be verified before move-in.
- Has necessary outpatient, home-health, transportation or community services arranged by the responsible provider when needed.

Not an appropriate direct discharge when

- The veteran still requires hospital, skilled-nursing, detoxification, residential-treatment or medical-respite services.
- The discharge plan depends on Montaque administering medication, monitoring symptoms or providing hands-on care.
- Necessary durable medical equipment, oxygen, home-health services or accessibility arrangements are not in place.
- There is an unmanaged immediate safety risk that cannot be addressed in an independent shared home.
- Payment, identity, discharge orders or essential follow-up plans remain unresolved.

Individualized and lawful review

A diagnosis, disability, source of income, veteran history or prior homelessness will not be used as an automatic exclusion. Decisions will focus on current independent-living fit, objective housing-related information, available accommodations, property fit, payment and applicable law.

Hospital Discharge to Housing Pathway

A controlled handoff from inquiry to community move-in.

Step	Hospital and Montaque action	Primary record
1	Hospital obtains veteran consent and submits a housing inquiry.	Referral form / consent
2	Montaque confirms service-area interest, preliminary room fit and missing information.	Inquiry log
3	Hospital confirms medical readiness and identifies follow-up services and equipment.	Transition checklist
4	Montaque conducts individualized housing review and discusses expectations with the veteran.	Screening notes
5	Payer, resident portion, deposit rules and payment start date are verified.	Written authorization
6	Property/program approvals and reasonable accommodations are completed.	Approval records
7	Final agreement, house rules, releases and inventory are signed.	Resident file
8	Hospital completes discharge handoff; Montaque confirms arrival and housing status as authorized.	Handoff record

Response standards

- Acknowledge a complete inquiry promptly and identify missing items.
- Never treat a preliminary review as acceptance or a confirmed bed.
- Do not request complete medical records when limited housing-relevant information is sufficient.
- Use emergency services—not routine housing communication—for immediate clinical or safety emergencies.

Hospital Veteran Housing Referral Form

SAMPLE — FOR HOSPITAL REVIEW ONLY — NOT A CONFIRMED PLACEMENT

Referral date: _____

Hospital / facility: _____

Unit / department: _____

Social worker / case manager: _____

Secure phone / email: _____

Veteran information

Veteran name: _____

Preferred name / pronouns: _____

Phone / secure email: _____

Current location: _____

Anticipated discharge date: _____

Veteran authorizes contact by Montaque: ☐ Yes ☐ No ☐ Consent pending

Veteran-status verification: ☐ Attached ☐ Hospital/program will verify ☐ Pending

Housing request

Location preference: ☐ Greenville/Winterville ☐ Rocky Mount ☐ Edenton ☐ Flexible

Other Eastern North Carolina community: _____

Room requested: ☐ Standard private ☐ Premium/master suite ☐ Other: _____

Expected housing start date: _____ Expected duration/goal: _____

Payment pathway

☐ Veteran/private pay ☐ HUD-VASH/PHA ☐ SSVF ☐ Hospital/community fund ☐ Other

Payer / program: _____

Payer contact: _____

Authorized amount / veteran portion: _____

Hospital Referral Review Information

Provide only information necessary for safe housing coordination.

Discharge readiness and housing fit

Treating team has determined the veteran medically ready for discharge: ☐ Yes ☐ No

Veteran can safely live in independent, non-clinical shared housing: ☐ Yes ☐ No ☐ Discuss

Veteran can self-administer medications or has an outside service arranged: ☐ Yes ☐ No ☐ N/A

Veteran can safely exit the proposed property in an emergency: ☐ Yes ☐ No ☐ Accommodation needed

Housing-related mobility / accessibility needs: _____

Durable medical equipment / oxygen needs: _____

Home health or outpatient services arranged: _____

Housing-relevant safety information: _____

Follow-up coordination

Primary care / specialty follow-up contact: _____

Behavioral-health follow-up contact if applicable: _____

Transportation plan for appointments: _____

Emergency contact: _____

Montaque review

☐ More information needed ☐ Waitlist ☐ Preliminary fit ☐ Property/program review ☐ Unable to accommodate

Reason / missing items: _____

Reviewer: _____

Review date: _____

This form is not an acceptance, clinical assessment, lease, promise of payment or authorization to discharge.

Hospital Transition and Move In Checklist

Complete before the discharge destination is treated as confirmed.

Required item	Hospital / partner	Montaque	Complete
Veteran consent for referral and contact	Obtain / document	Verify scope	☐
Medical readiness for discharge	Confirm	Do not independently determine	☐
Independent-living suitability	Provide housing-relevant facts	Review individually	☐
Medication plan	Provide discharge instructions to veteran	No administration or clinical monitoring	☐
Equipment / oxygen / supplies	Arrange delivery and teaching	Confirm property fit only	☐
Home health / outpatient care	Arrange providers and appointments	Coordinate only with authorization	☐
Transportation from hospital	Confirm responsible party	Accept only if separately agreed	☐
Payment authorization	Provide payer documents	Verify amount and start date	☐
Property and room approval	Provide program requirements	Confirm readiness and availability	☐
Final acceptance	Do not discharge until confirmed	Issue written acceptance	☐
Arrival handoff	Provide safe transition information	Confirm arrival / housing status	☐

No-discharge warning

A referral, phone conversation, waitlist position, preliminary fit or unsigned document is not a confirmed discharge destination. Final acceptance must be provided in writing by Montaque after all required conditions are satisfied.

Proposed Rates and Payment Framework

Final terms depend on the property, payer and applicable program rules.

Housing option	Monthly planning rate	Notes
Premium private master suite	$1,400	Only where the approved property supports it
Standard private furnished room	$1,100	Preferred initial model
Shared furnished bedroom	$700 per veteran	Only if lawful, approved and program-compatible
Proposed security deposit	$400	Final handling follows law and payer rules
Application fee	$0	No application fee planned
Transportation	Separate written quote	Not included unless expressly agreed

Potential payment pathways to verify

- Veteran or family private payment.
- HUD-VASH/PHA-approved rent and veteran portion.
- SSVF homelessness-prevention or rapid-rehousing assistance.
- Hospital community-benefit, charity or transition funding when available.
- Nonprofit, faith-community or other approved third-party assistance.

Payment safeguards

- No reliance on third-party payment until written authorization identifies amount, duration and responsible payer.
- Confirm rent reasonableness, utilities, deposit limits and resident portion before move-in.
- Maintain a resident ledger and required receipts; notify responsible parties of authorization changes.
- A referral or voucher discussion is not a guarantee of payment.

Consent Privacy and Hospital Coordination

Minimum necessary information and clearly authorized communication.

Information Montaque needs

- Veteran contact information and consent to receive the referral.
- Housing-relevant functional, access and safety information.
- Confirmation of medical readiness—not the complete medical record.
- Follow-up services, equipment and transportation necessary for a safe transition.
- Payment authorization and the responsible payer contact.
- Emergency contact and any limited release for post-discharge coordination.

Information Montaque does not routinely need

- Complete medical, psychiatric or substance-use treatment records.
- Unrelated diagnoses, laboratory results or detailed clinical notes.
- Passwords, banking credentials or control of benefits.
- Open-ended authorization to speak with every provider or agency.

Communication principles

Montaque will use secure methods designated by the parties, limit routine updates to the authorized purpose, document material housing communications and honor revocation of consent as required. Montaque will not claim that this packet itself creates a HIPAA business-associate relationship or replaces a hospital's privacy review.

Proposed post-discharge updates with authorization

☐ Arrival confirmed ☐ Housing status ☐ Payment issue ☐ Safety concern ☐ Follow-up resource needed ☐ Other: _____

Medication Equipment and Clinical Boundaries

Hospital responsibilities must be completed before discharge.

Issue	Hospital / clinical team	Montaque housing role
Medication	Reconcile, prescribe, educate and arrange access.	Resident self-administers; no administration or clinical monitoring.
Durable medical equipment	Order, deliver, teach and identify servicing provider.	Confirm space/property fit; do not operate or maintain clinical equipment.
Oxygen	Determine safety requirements and arrange supplier.	Confirm lawful property fit and written safety expectations.
Home health	Order and arrange qualified provider.	Permit lawful access and coordinate scheduling with resident authorization.
Appointments	Schedule and provide instructions.	No clinical follow-up responsibility; transportation only if separately agreed.
Behavioral health / substance use	Arrange appropriate level of care and crisis plan.	Not a treatment or detox setting; use emergency/crisis resources when needed.

Medication storage

Residents are responsible for their own medications. Property rules may require secure personal storage where needed for safety, but Montaque will not dispense, administer, count, reconcile or evaluate medications.

Change in condition

If a resident experiences an urgent medical or behavioral-health emergency, 911 or the appropriate crisis service will be contacted. Montaque may notify an authorized emergency contact or partner but will not provide clinical assessment or treatment.

Emergency and Incident Coordination

Property-specific contacts and plans will be finalized before opening.

Situation	Immediate action	Hospital / partner follow-up
Medical emergency	Call 911; provide responders access; contact emergency person when appropriate.	Authorized notification after immediate safety response.
Behavioral-health crisis	Call 988/911 or designated crisis resource based on urgency.	Coordinate only within authorization and lawful disclosure.
Violence or threat	Move to safety and call 911; do not physically intervene except immediate defense.	Incident notice when authorized/required.
Equipment failure	Resident calls supplier/clinical provider; call 911 if urgent.	Clinical/vendor follow-up remains with responsible provider.
Unreachable resident	Independent adults are not monitored 24/7; follow any written safety plan.	Contact emergency services when facts indicate danger.
Property emergency	Evacuate or protect area; call emergency services/management.	Housing-status update when relevant.

Incident documentation

- Record date, time, location, persons involved and objective observations.
- Document emergency services, immediate safety actions and property notifications.
- Limit medical detail to what is necessary for housing operations and lawful reporting.
- Identify follow-up owner and protect the record from unnecessary access.

Property Readiness Evidence

Documents added only after a location is selected and verified.

Evidence	Current status	Required before opening
Written owner authorization / lease addendum	Placeholder	Yes
Lawful occupancy / use confirmation	Placeholder	Yes
Fire and life-safety review	Placeholder	As required
Insurance for actual business use	Placeholder	Yes
Room measurements and property profile	Placeholder	Yes
Accessibility and accommodation review	Placeholder	Yes
Utilities and internet	Placeholder	Yes
Approved payment pathway / rate	Placeholder	Before funded placement
Move-in inventory and condition form	Template to finalize	Yes

Pre-opening controls

- No public availability notice before the room, rate and lawful use are verified.
- No hospital discharge accepted to an address that has not completed readiness review.
- No clinical or personal-care services added informally to secure a placement.
- Sensitive banking, tax and veteran records are shared only through appropriate channels.

Availability notice will identify

Verified address/service area, room type, accessibility facts, monthly rate, included utilities, earliest move-in date, payment requirements, referral contact and any property-specific limitations.

Hospital Partnership Implementation Plan

A practical sequence for establishing a safe referral relationship.

Milestone	Evidence	Status
1. Department identified	Named social work/case-management owner	Pending
2. Packet reviewed	Written revisions and secure-referral instructions	Pending
3. Property approved	Address, owner authorization, safety and insurance	Pending
4. Payment pathways mapped	Named payer contacts and required documents	Pending
5. Referral form finalized	Hospital-approved fields and consent process	Pending
6. Escalation contacts established	Business-hours and urgent-contact process	Pending
7. Availability notice issued	Verified room/rate and acceptance criteria	Pending
8. First referral reviewed	Complete file and documented decision	Pending
9. First transition completed	Written acceptance, handoff and arrival confirmation	Pending
10. Thirty-day review	Partner feedback and corrective actions	Pending

Requested hospital review

- Which department owns community-housing referrals for veterans?
- What secure submission method and consent form must be used?
- What clinical-readiness confirmation is appropriate without oversharing records?
- What charity, community-benefit or transportation resources may support eligible veterans?
- What response time and escalation process does the hospital need?
- What must change in this packet before the hospital will share it with staff?

Hospital Review and Meeting Notes

Use this page to document decisions, owners and deadlines.

Review item	Decision / revision	Owner and due date
Referral owner and departments		
Secure referral method		
Medical-readiness confirmation		
Independent-living criteria		
Payment and community resources		
Transportation and equipment handoff		
Consent and information sharing		
Urgent escalation process		
Availability notices		
Follow-up meeting		

Questions and notes

_____

_____

_____

_____

Next three actions

1. _____
2. _____
3. _____

Contact

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