**RECOVERY VOUCHER (RV) GRANT – FAMILY CLIENT FILE CHECKLIST**

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| --- | --- | --- | --- |
| Main Client (Name/ Identifier)  *Individual with primary eligibility for the RV grant program.* |  | | |
| Other Adult (Name/ Identifier)  *Individual 18 or older, eligible through the Main Client.* |  | | |
| Children Under 18 (Name/ Identifier)  *\*Individuals under 18, eligible through the Main Client.* |  | | |
| RV Administrator |  | | |
| RV Program Entry Date |  | RV Program Exit Date |  |
| Recovery Residence  Name |  | Recovery Residence County |  |
| Recovery Residence Entry Date |  | Recovery Residence Exit Date |  |

**FAMILY CLIENT DOCUMENTATION:**

Each member of the family will have slightly different documentation requirements. The family is broken down into:

* + Main Client (the person with OUD diagnosis eligibility)
  + Other Adults (individuals who are 18 years old and above)
  + Children (individuals who are 17 years old or younger)

Under each element it will specify whether it is required for all or only certain members of the family.

* 1. **Documentation of RV program enrollment in HMIS:** Provide a screenshot of the client’s enrollment in the RV program, with entry and exit dates.

*Required for All Family Members.*

* 1. **Eligibility Part 1:** Indicate how the main client’s Opioid Use Disorder (OUD) diagnosis or of receiving treatment to address OUD within the previous 12-months was documented by checking one of the following boxes:

Signed note from provider; or

Record from a health care or behavioral health provider; or

Claims statement that details OUD care/treatment was received; or

Phone call with release of information from provider (note: requires signed consent from the client if the client is not on the phone call)

When was the OUD eligibility documentation collected? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Provide date. Must be collected prior to the client entering the RV program.*

**DEHCR does not want to see the above medical documentation, however this documentation should be kept in the client’s file.**

*Required for the Main Client Only.*

* 1. **Eligibility Part 2:** Provide documentation of the family being eligible for [HUD 1, 2, 3, or 4 category homelessness](https://files.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf) on the day of RV program entry and check one of the following boxes:

Literally Homeless (category 1 homeless)

Imminent-Risk-of-Homelessness (category 2 homeless)

Homeless under other Federal Statutes (category 3 homeless)

Fleeing or attempting to flee domestic violence (category 4 homeless)

*Required for All Family Members (can all be included in one document).*

* 1. [**Documentation of RV Program\* Termination Policy Provision**](https://energyandhousing.wi.gov/Pages/AgencyResources/RecoveryVoucherGrant.aspx#:~:text=Helpful%20Links%2C%20Resources%20%26%C2%A0T%E2%80%8Bools)**:** Include a document signed by the client attesting to them receiving the termination policy.

Was the client (main client and family) terminated from the program?  Yes  No

If yes, please provide all documentation related to the termination proceeding.

*\*This is for the RV Administrator’s Program, not the Recovery Residence. Please see the Program Manual for the required elements.*

*Required for the Main Client and Other Adult.*

* 1. **Documentation of the amount and type of financial assistance provided to the family along with documentation of the payments made**.

*Example: Invoices, and a ledger describing service paid for, time period, check number, and amount paid.*

*\* If the family leaves the Recovery Residence before the 15th of the month or equivalent, documentation the RV Administrator was refunded for half the monthly rate is required. If the security deposit could not go to the main client at the end of the family’s stay, documentation the RV Administrator was refunded the security deposit minus applicable costs is required.*

*Required for All Family Members (can all be included in one document).*

* 1. **Reassessment:** Has the main client been in the RV program for more than 12 months?  Yes  No

If yes, provide a printout of the main client’s reassessment. See the Program Manual for more information.

*Required for Main Client Only.*

* 1. [**Documentation of rationale for extending the family’s stay**](https://energyandhousing.wi.gov/Pages/AgencyResources/RecoveryVoucherGrant.aspx#:~:text=Helpful%20Links%2C%20Resources%20%26%C2%A0T%E2%80%8Bools) **at a recovery residence beyond the RV Administrator’s tenure policy** (if RV Administrator approved this exception).

*Required for All Family Members (can all be included in one document).*

1. **List of all Recovery Residences** where the family has stayed with associated entry and exit dates.

*Required for All Family Members (can all be included in one document, please note if certain members joined or left during the course of the Main Client’s stay).*

**RECOVERY RESIDENCE DOCUMENTATION (provide the below for each recovery residence the family stays in):**

1. [**Recovery Residence Stay Agreement**](https://energyandhousing.wi.gov/Pages/AgencyResources/RecoveryVoucherGrant.aspx#:~:text=Helpful%20Links%2C%20Resources%20%26%C2%A0T%E2%80%8Bools): It must include all elements outlined in the Program Manual and must be signed by both the RV Administrator and the Recovery Residence before the family’s stay can be supported by the RV program.

*Required for All Family Members (can all be covered by one Stay Agreement).*

1. [**Client Signed Certification of Receipt**](https://energyandhousing.wi.gov/Pages/AgencyResources/RecoveryVoucherGrant.aspx#:~:text=Helpful%20Links%2C%20Resources%20%26%C2%A0T%E2%80%8Bools) **of the Recovery Residence’s Policies and Procedures**, including their termination policy.

Was the client terminated from the Recovery Residence?  Yes  No

*If yes, provide all documentation related to the termination proceeding.*

*Required for Main Client and Other Adult.*

1. [**Family Exit Interview**](https://energyandhousing.wi.gov/Pages/AgencyResources/RecoveryVoucherGrant.aspx#:~:text=Helpful%20Links%2C%20Resources%20%26%C2%A0T%E2%80%8Bools): Recovery Residence interviews the family at exit.

*Required for Main Client and Other Adult.*

1. [**Recovery Residence Program Compliance Documentation**](https://energyandhousing.wi.gov/Pages/AgencyResources/RecoveryVoucherGrant.aspx#:~:text=Helpful%20Links%2C%20Resources%20%26%C2%A0T%E2%80%8Bools) must:

Calculate Family RV Maximum Allowable Rate for the area and show the rate the Recovery Residence is charging is either at or below the Family RV Maximum Allowable Rate or an exception was granted by DEHCR and provide a copy of the approval.

Attest the rate is the same or below the rate the Recovery Residence charges all other clients.

Confirm the Recovery Residence is charging the bed-rate, and not charging for any ancillary services.

List the type of unit the family will stay in and provide rationale why the unit best met the family’s needs.

Attest the Recovery Residence is within the RV Administrator’s service area or provide rationale why an out of service area Recovery Residence was used.

Confirm at the time of the family’s placement the specific location of the Recovery Residence was on the DHS Recovery Residence Registry.

Be signed by the RV Administrator.

*Required for All Family Members (can all be covered in one Recovery Residence Program Compliance Document).*