**RECOVERY VOUCHER (RV) GRANT**

**RECOVERY RESIDENCE PROGRAM COMPLIANCE – FAMILY**

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

**FAMILY RV MAXIMUM ALLOWABLE RATE CALCULATION:**

Name of FMR Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Efficiency FMR: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To calculate the Family RV Maximum Allowable Rate follow the below calculation:

Efficiency FMR \* 135% = Family RV Maximum Allowable Rate

RV Maximum Allowable Rate: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the monthly rate the Recovery Residence is charging? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RV RATE QUESTIONS:**

Can the RV Administrator certify the rate the Recovery Residence is charging is at or below the Family RV Maximum Allowable Rate? [ ]  Yes [ ]  No

If yes, answer the next question.

If no, did DEHCR grant an exception? [ ]  Yes [ ]  No

If yes, please attach DEHCR’s exception approval, and answer the next question.

*If no, this Recovery Residence does not meet the RV program requirements and cannot be contracted with. Please see the Program Manual for more information.*

Can the RV Administrator certify the rate the Recovery Residence is charging the RV Grant is the same or lower than the rate the Recovery Residence charges all other clients? [ ]  Yes [ ]  No

If yes, answer the next question.

*If no, this Recovery Residence is not following RV program requirements and cannot be contracted with. Please see the Program Manual for more information.*

Can the RV Administrator confirm the rate the Recovery Residence is charging is the bed-rate, and no ancillary charges (example: services) are included? [ ]  Yes [ ]  No

If yes, please sign and date below.

*If no, this Recovery Residence is not following RV program requirements and cannot be contracted with. Please see the Program Manual for more information.*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RV UNIT NORMS:**

What type of unit will the family stay in?

[ ]  Shared room (shared with other non-family member clients)

[ ]  Single room (family members only)

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide rationale for why this configuration best meets the family’s needs.

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| --- |
|  |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RECOVERY RESIDENCE LOCATION:**

Can the RV Administrator attest to the Recovery Residence being in the RV Administrator’s service area for the RV Grant? [ ]  Yes [ ]  No

If yes, please sign and date below.

If no, please provide rationale why an out of service area Recovery Residence was used. Then sign and date below.

Rationale:

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| --- |
|  |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RECOVERY RESIDENCE DHS REGISTRATION:**

Can the RV Administrator confirm ***the specific location*** of the Recovery Residence was on the DHS Recovery Residence Registry at the time of the family’s placement? [ ]  Yes [ ]  No

If yes, please sign and date below.

*If no, this Recovery Residence does not meet the RV program requirements. Please see the Program Manual for more information.*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_