**RECOVERY VOUCHER (RV) GRANT**

**RECOVERY RESIDENCE PROGRAM COMPLIANCE – FAMILY**

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| --- | --- |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_