**RECOVERY VOUCHER (RV) GRANT**

**RECOVERY RESIDENCE PROGRAM COMPLIANCE – SINGLE CLIENT**

|  |  |  |  |
| --- | --- | --- | --- |
| Client Name/ Identifier |  | | |
| Recovery Residence  Name |  | | |
| Recovery Residence Entry Date |  | Recovery Residence County |  |

**SINGLE RV MAXIMUM ALLOWABLE RATE CALCULATION:**

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

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

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

Efficiency FMR \* 75% \* 135% = Single 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 Single 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 ROOM NORMS:**

Does the client’s room adhere to the norm of 2-beds per room?  Yes  No

If yes, please sign and date below.

If no, please provide rationale for why the RV Administrator is granting an exception. Then sign and date below.

Rationale:

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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 client’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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_