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

|  |  |  |  |
| --- | --- | --- | --- |
| Client Name/ Identifier |  | | |
| RV Administrator |  | | |
| RV Program Entry Date |  | RV Program Exit Date |  |
| Recovery Residence  Name |  | Recovery Residence County |  |
| Recovery Residence Entry Date |  | Recovery Residence Exit Date |  |

**SINGLE CLIENT DOCUMENTATION:**

* 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.
  2. **Eligibility Part 1:** Indicate how the 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.**

* 1. **Eligibility Part 2:** Provide documentation of the client 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)

* 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 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.*

* 1. **Documentation of the amount and type of financial assistance provided to the client 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 client left 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 client at the end of their stay, documentation the RV Administrator was refunded the security deposit minus applicable costs is required.*

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

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

* 1. [**Documentation of rationale for extending the client’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).

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

**RECOVERY RESIDENCE DOCUMENTATION (provide the below for each recovery residence the client 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 client’s stay can be supported by the RV program.
2. [**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.*

1. [**Single Client 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 client at exit (as the situation allows, highly preferred), or answers the questions to the best of their knowledge and provides the data to the RV Administrator.
2. [**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 Single RV Maximum Allowable Rate for the area and show the rate the Recovery Residence is charging is either at or below the Single 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.

State whether the client’s room adheres to the norm of 2-beds per room, and if it does not, provide rationale for why the RV Administrator granted an exception.

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 client’s placement the specific location of the Recovery Residence was on the DHS Recovery Residence Registry.

Be signed by the RV Administrator.