**RECOVERY VOUCHER (RV) GRANT - CLIENT STAY EXTENTION RATIONALE**

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| --- | --- |
| Client Name/ Identifier  *(List Main Client and all other family members as applicable)* |  |
| RV Administrator |  |

The client will reach the tenure limit for YOUR ORGANIZATION’S NAME Recovery Voucher Grant program on DATE. YOUR ORGANIZATION’S NAME believes it is in the best interest of the client (the individual and supported family members as applicable) to remain in recovery residence housing for the following reasons:

Rationale:

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For the above reasons, the client’s tenure limit will be extended by XXX MONTHS/WEEKS to END DATE.

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

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

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