**RECOVERY VOUCHER (RV) GRANT**

**RV MAXIMUM ALLOWABLE RATE EXCEPTION REQUEST – FAMILY CLIENT**

|  |  |
| --- | --- |
| 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 ResidenceName |  |
| Recovery Residence County |  | Recovery Residence City, Town |  |
| RV Administrator |  | CoC/LHC |  |
| Request Date |  |

**RV MAXIMUM ALLOWABLE RATE CALCULATION:**

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

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

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

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

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

**RATE EXCEPTION REQUEST:**

What is the monthly rate the Recovery Residence is charging, for which an exception is being requested? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this rate same or less than the rate charged for beds not in the RV grant program?

[ ]  Yes [ ]  No

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

Does the RV Administrator confirm the rate is only for the bed, and does not include any additional costs such as, but not limited to case management, support groups, client transportation, meals etc.?

[ ]  Yes [ ]  No

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

What is the difference between the requested rate and the RV Maximum Allowable Rate?

Requested Rate – Family RV Maximum Allowable Rate = Difference

Difference: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.

|  |
| --- |
|  |

**ALTERNATIVE OPTIONS:**

Are there other available units in the CoC/LHC service area? [ ]  Yes [ ]  No [ ]  N/A

If yes or not applicable, please provide rationale why this facility is proposed, and if applicable, why an out of service area Recovery Residence is proposed.

Rationale:

|  |
| --- |
|  |

**DHS’ RECOVERY RESIDENCE RECOGNITION:**

Can the RV Administrator confirm ***the specific location*** of the Recovery Residence is on the DHS Recovery Residence Registry? [ ]  Yes [ ]  No

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

**ADDITIONAL SUPPORTING RATIONALE:**

Please provide any additional supporting rationale that could be helpful for DEHCR to consider when deciding whether to grant the exception.

Rationale:

|  |
| --- |
|  |

**RV ADMINISTRATOR REPRESENTATIVE REQUESTING EXCEPTION:**

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

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

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

**DEHCR APPROVAL:**

Is a Family RV Maximum Allowable Rate exception approved for this specific family client for this specific recovery residence? [ ]  Yes [ ]  No

Rationale:

|  |
| --- |
|  |

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

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

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