**RECOVERY VOUCHER (RV) GRANT**

**MULTIPLE RECOVERY RESIDENCES STAY AGREEMENT – SINGLE CLIENT**

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| Recovery Residences Provider Name: | Number of Recovery Residences: |
| Recovery Residence Name: | Recovery Residence County: |
| Main Client (Name/Identifier):  *\*Individual with primary eligibility for the RV grant program.* | Move in Date: |
| Other Adults (Name/Identifier):  *\*Individuals 18 or older, eligible through the Main Client.* | Alternative Recovery Residences in Provider’s Network: |
| Children Under 18 (Name/Identifier):  *\*Individuals under 18, eligible through the Main Client.* | Alternative Recovery Residence Counties: |

This Multiple Recovery Residences Stay Agreement (hereafter referred to as the Agreement) is entered into between RV ADMINISTRATOR’s NAME (hereafter referred to as the RV Administrator) and RECOVERY RESIDENCES PROVIDER NAME (hereafter referred to as the Provider). This Agreement applies only to the client identified above. The client’s stay as described in this Agreement will be supported through the Recovery Voucher (RV) grant program. The terms of the client’s stay as outlined in this agreement apply equally to the initial recovery residence that the client moves in to and to any recovery residence listed above where the client might subsequently reside. Any alternative recovery residence covered by this agreement must also be RV program eligible.

**Terms of the Agreement:**

This Agreement shall begin on MOVE-IN DATE and end no later than DATE.

*Edit the below section in blue to fit the RV Administrator’s needs. RV Administrators can decide term length so long as they have a written policy, and it applies to all clients (please see the Program Manual for more details). Choose an option or create wording to fit the RV Administrator’s policy, and delete these italicized words when done:*

This agreement is not automatically renewing.

*or*

This agreement is automatically renewing on a month-to-month basis after the initial term ends, unless the RV Administrator provides written notice to the Provider. Written notice shall be provided no less than 30-days before the proposed end date.

The RV Administrator has the right to withdraw from the Agreement with a 30-day written notice of non-compliance with program rules. The notice will describe the non-compliance.

**Rent & Security Deposit:**

The RV Administrator will pay the following:

Security Deposit: $\_\_\_\_\_\_\_\_\_\_\_\_\_ Pro-Rated First Month’s Dues: $\_\_\_\_\_\_\_\_\_\_\_\_\_

*(maximum is twice the monthly rent)* *(If applicable)*

Monthly Dues: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment is due on or before XXX of the month for XXX.

If the client has moved into the Recovery Residence, the security deposit will be returned to the client minus any applicable charges for damages at the end of the client’s stay. If applicable, a list of damages will be provided to the RV Administrator. If the client did not move into the Recovery Residence, or the security deposit cannot be returned to the client after 30 days, the security deposit will be returned to the RV Administrator. If the client moves to an Alternative Recovery Residence within the Provider’s network, the security deposit can be shifted to the new Recovery Residence from the old one.

**Rate Charged to the RV Grant Program:**

The Provider confirms the rate charged for the client’s stay at all Recovery Residences covered by this agreement is the same or less than the rate charged for beds not in the RV grant program.

Yes  No

The Provider confirms the rate charged for the client’s stay at all Recovery Residences covered by this agreement is the *bed rate and does not cover any ancillary services such as case management, transportation (during the client’s stay), health/mental health care and support groups*.

Yes  No

*Please note, if the Provider cannot confirm in the affirmative (“yes”) to both, the client cannot be supported at the Recovery Residence using RV grant funds.*

**Recovery Residence DHS Registration**

The Provider confirms the specific locations of all Recovery Residences covered by this agreement are listed on the Department of Health Services (DHS) Recovery Residence Registry.

Yes  No

*Please note, if the Provider cannot confirm in the affirmative (“yes”), the client cannot be supported at the Recovery Residences using RV Grant funds.*

**Recovery Residence Stay Guidelines:**

1. A Recovery Residence covered by this agreement may hold a unit for a family who has moved into the Recovery Residence and then is a “no-show” for a maximum of 30 days if the Recovery Residence chooses to do so. During this time the RV grant program will continue to pay for the family’s unit. If the family doesn’t appear by the 31st day, on the 31st day the unit will cease to be paid for and the family’s term (stay) will end.
2. If the family’s term (stay) ends within the first 15 days of the month or equivalent, the Recovery Residence will return half the amount of the monthly dues or equivalent to the RV Administrator.
3. The Recovery Residence will inform the RV Administrator if there are any issues with the family, so the RV Administrator has the opportunity to help prevent the family from being asked to leave the Recovery Residence and assist the family to find alternative housing as needed.
4. If the family is asked to leave, the Recovery Residence will immediately inform (within 48 hours) the RV Administrator, and whenever possible before eviction/termination.
5. The Recovery Residence will perform a [RV exit interview](https://energyandhousing.wi.gov/Pages/AgencyResources/RecoveryVoucherGrant.aspx#:~:text=Helpful%20Links%2C%20Resources%20%26%C2%A0T%E2%80%8Bools) with the family (if the situation does not allow for an interview, the Recovery Residence will answer the [RV exit interview](https://energyandhousing.wi.gov/Pages/AgencyResources/RecoveryVoucherGrant.aspx#:~:text=Helpful%20Links%2C%20Resources%20%26%C2%A0T%E2%80%8Bools) questions to the best of their knowledge) and share the data with the RV Administrator.
6. The Recovery Residence will share their policies and procedures including their termination policy with the family and require the main client and the other adults to sign a [form](https://energyandhousing.wi.gov/Pages/AgencyResources/RecoveryVoucherGrant.aspx#:~:text=Helpful%20Links%2C%20Resources%20%26%C2%A0T%E2%80%8Bools) attesting to the fact they received the documents. The Recovery Residence will share this signed form and a copy of their policies and procedures with the RV Administrator. If policies and procedures differ between recovery residences covered by this agreement, those policies and procedures must be provided to the family and the main client and other adults must sign a [form](https://energyandhousing.wi.gov/Pages/AgencyResources/RecoveryVoucherGrant.aspx#:~:text=Helpful%20Links%2C%20Resources%20%26%C2%A0T%E2%80%8Bools) attesting to the fact they received the documents prior to moving recovery residences.

**Best Practice Encouragement:**

Whenever possible it is requested and encouraged the Recovery Residence follows best practices and attempts to exercise available avenues and options before evicting the client if they relapse.

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| **RV Administrator Representative** |  | **Recovery Residence Provider Representative** |
| Name: |  | Name: |
| Signature: |  | Signature: |
| Date: |  | Date: |

*This form must be signed by both the RV Administrator and a representative from the Recovery Residence Provider before the family’s stay can be paid for by the RV grant program. The Recover Residence Provider representative must be able to verify*