**RECOVERY VOUCHER (RV) GRANT**

**RECOVERY RESIDENCE PROGRAM COMPLIANCE – SINGLE CLIENT**

|  |  |
| --- | --- |
| Client Name/ Identifier |  |
| Recovery ResidenceName |  |
| 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:

|  |
| --- |
|  |

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:

|  |
| --- |
|  |

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_