**RECOVERY VOUCHER (RV) GRANT**

**RECOVERY RESIDENCE STAY AGREEMENT – FAMILY**

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| Recovery Residence Name: | Recovery Residence County: |
| Move in Date: |
| 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.* |  |

This Recovery Residence 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 RESIDENCE NAME (hereafter referred to as the Recovery Residence). This Agreement applies only to the clients identified above (hereafter referred to as the family). If the composition of the family changes, another Agreement will need to be executed. The family’s stay as described in this Agreement will be supported through the Recovery Voucher (RV) grant program.

**Terms of the Agreement:**

This Agreement shall begin on DATE/OFTEN 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 Recovery Residence. 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 family has moved into the Recovery Residence, the security deposit will be returned to the main client minus any applicable charges for damages at the end of the family’s stay. If applicable, a list of damages will be provided to the RV Administrator. If the family did not move into the Recovery Residence, or the security deposit cannot be returned to the main client after 30 days, the security deposit will be returned to the RV Administrator.

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

The Recovery Residence confirms the rate charged for the family’s stay is the same or less than the rate charged for units not in the RV grant program.

Yes  No

The Recovery Residence confirms the rate charged for the family’s stay is the *bed rate and does not cover any ancillary services such as case management, transportation (during the family’s stay), health/mental health care and support groups*.

Yes  No

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

**Recovery Residence DHS Registration**

The Recovery Residence confirms the specific location of the Recovery Residence where the family will be housed is listed on the Department of Health Services (DHS) Recovery Residence Registry.

Yes  No

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

**Recovery Residence Stay Guidelines:**

1. The Recovery Residence 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.

**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 family if the main client relapses.

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

*This form must be signed by both the RV Administrator and Recovery Residence before the family’s stay can be paid for by the RV grant program.*