**RECOVERY VOUCHER (RV) GRANT**

**SERVICE ANIMAL – SUPPLEMENTAL MONETARY SUPPORT REQUEST**

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| --- | --- |
| 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 |  |

**SERVICE ANIMAL VERIFICATION:**

*To verify the client’s dog is a service animal, versus an emotional support animal which cannot be supported by the RV grant, the below two questions can be asked. Both need to be answered in the affirmative and the animal needs to have been trained to work or perform a task. Specific proof cannot be required to confirm the below information.[[1]](#footnote-1)*

Is the dog a service animal required because of a disability? [ ]  Yes [ ]  No

What work or tasks has this dog been trained to perform? Explain.

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**NON-SERVICE ANIMAL CHARGES:**

What is the rate the recovery residence is charging to house the client? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the RV Maximum Allowable Rate[[2]](#footnote-2) for the location and client type? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Difference (RV Maximum Allowable Rate minus the recovery residence’s rate) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If applicable, was a DEHCR RV Maximum Allowable Rate Exception Request Approved?

[ ]  Yes [ ]  No [ ]  N/A

**RECOVERY RESIDENCE CONCERNS:**

Please mark what concerns the recovery residence has about having the service animal stay (mark as many as apply):

[ ]  Damage to building or furniture.

[ ]  Additional standard cleaning required (hair, tracking dirt, etc.).

[ ]  Additional intensive cleaning required (urine, feces, etc.).

[ ]  Other residents fear dogs.

 Specific breed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Other residents are allergic to dogs.

[ ]  Size and breed of dog. Approx pounds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other concerns? Explain.

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**SUPPLEMENTAL MONETARY SUPPORT REQUEST:**

*DEHCR will review and approve supplemental monetary support on a case-by-case basis. A supplemental security deposit and/or an additional monthly fee can be requested.*

Security Deposit Request? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monthly Fee Request? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide any additional supporting rationale that could be helpful for DEHCR to consider when deciding whether to grant this request.

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**RV ADMINISTRATOR REPRESENTATIVE REQUESTING EXCEPTION:**

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

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

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

**DEHCR APPROVAL:**

Is a Service Animal Supplemental Monetary Support Request approved for this specific client for this specific recovery residence? [ ]  Yes [ ]  No

Rationale:

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

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

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

1. [Ada.gov Service Animals website.](https://www.ada.gov/topics/service-animals/) [↑](#footnote-ref-1)
2. Efficiency FMR \* 75% \* 135% = Single RV Maximum Allowable Rate; Efficiency FMR \* 135% = Family RV Maximum Allowable Rate [↑](#footnote-ref-2)