**RECOVERY VOUCHER (RV) GRANT**

**PROVISION OF RECOVERY RESIDENCE POLICIES & PROCEDURES**

|  |  |
| --- | --- |
| Client Name/ Identifier |  |
| Recovery Residence |  |
| Recovery Residence County |  |

**I, CLIENT NAME, confirm that I have received a copy of RECOVERY RESIDENCE NAME’s Policies and Procedures, including their Termination Policy. I have been given the opportunity to ask questions, and all of my questions have been answered.**

Client’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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