



Recovery Voucher Grant Program

*Helping people diagnosed
with or receiving
treatment for opioid use
disorder find safe interim
housing for themselves
and their families.*

Application

Grant Year 2025

State of Wisconsin
Department of Administration
Division of Energy, Housing
and Community Resources

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RECOVERY VOUCHER (RV) GRANT PROGRAM APPLICATION

Grant Year: 2025

INTRODUCTION

The Recovery Voucher (RV) Program assists individuals and families impacted by Opioid Use Disorder (OUD) find access to safe, supportive, and temporary housing. *

The RV Program ensures that participants receive the housing support that they need to help foster their recovery. To ensure the quality and safety of the recovery residences where RV Program clients are placed, all recovery residences participating in the program must undergo inspections. These inspections are essential to verify that the recovery residences meet all health, safety, and operational requirements as outlined by the Wisconsin Department of Health Services (DHS) Recovery Residence Registry.

The RV Program helps those affected by OUD find stability and continue their recovery in a secure environment. By ensuring all participating recovery residences provide a safe, healthy, home-like environment through the inspection process, we can help ensure the client is being supported on their recovery journey.

***Note:** RV Program funding is only expected to last through the 2025 Program Year.

APPLICATION DEADLINE

Applications are due by email at 11:59 pm on October 21, 2024, to the following email address:

DOASupportiveHousing@wisconsin.gov.

Applicant Information

Please fill out the following information.

Name of the Applicant	
Mailing Address for Purchase Order and Reimbursement (PO Box or Street Address)	Payable To:
Physical Address of Primary Office	
UEI Number	

Type of Organization (501c3, Government Entity, etc.)	
Attach proof of an active SAM.gov registration and proof of non-debarment/having no active exclusions. Instructions for how to pull this information from SAM.gov are available on DEHCR's website.	Attached? REQUIRED. ☐ Yes ☐ No Proof documentation must be current (pulled within 2-months of the date the application is submitted).
Applicant's HUD-recognized Continuum of Care (CoC) and Local Homeless Coalition (LHC, if applicable)	CoC: LHC (if applicable):
Applicant's RV Program Manager or Primary Point of Contact for the RV Program	
a. Name	
b. Title	
c. Email	
d. Phone Number	
Applicant's Official Authorized to Sign Application and Contract	
a. Name	
b. Title	
c. Email	
d. Phone Number	
e. Signature & Date (Digital Signatures Accepted)	
Applicant's Client Referral Contact Information for the RV Program	
a. Name	

b. Title	
c. Email	
d. Phone Number	
e. Website	
Applicant's Primary Fiscal Contact for the RV Program	
a. Name	
b. Title	
c. Email	
d. Phone Number	
Name, title, email, and phone number of any other staff the applicant would like copied on general information updates.	
a. Name b. Title c. Email d. Phone Number	
a. Name b. Title c. Email d. Phone Number	

Applicant Eligibility

Please answer the following questions.

Questions	Answers
1. Is the applicant willing to be a RV grant administrator acting as a centralized resource for the RV grant program for their CoC/LHC partners	☐ Yes ☐ No

and organizations by accepting client referrals, entering clients into the program, and working with recovery residences to place clients?	
2. Is the applicant a member of their HUD-recognized CoC/LHC?	☐ Yes ☐ No
3. Does the applicant have current direct experience delivering services to people experiencing homelessness?	☐ Yes ☐ No
4. Does the applicant have an active Homeless Management Information System (HMIS) subscription?	☐ Yes ☐ No
5. Has the applicant attached proof of having an active Sam.gov registration and no active exclusions (being in a period of non-debarment)? See Applicant Information for more information and instructions.	☐ Yes ☐ No
6. Is there a DHS recognized recovery residence within the applicant's service territory? <i>How many DHS recognized recovery residences are within the applicant's service territory (defined as the boundaries of the county for the 3-county based CoCs (Dane, Racine, and Milwaukee), and as the boundaries of the LHC for applicants in the Balance of State CoC)?</i> Answer: _____ <i>* A list of LHCs and the counties they include can be located here: WI Balance of State LHCs</i> <i>**A list of DHS recognized recovery residences, sorted by county, can be found at: DHS Recovery Residence Registry</i>	☐ Yes ☐ No
7. Is the applicant in good standing with DEHCR?	☐ Yes ☐ No
8. Is the applicant a recovery residence or does the applicant have a recovery residence within its organization?	☐ Yes ☐ No

If the answer was “no” to any question 1 to 7, the applicant **is not eligible** for the RV grant program.

If the answer was “yes” to question 8, the applicant will have to request an exception from the RV Grant Specialist in order to be eligible (contact information available on [DEHCR's RV Program Webpage](#)).

Project Needs Statement

Please describe the nature and scope of how the applicant will administer the RV program in their CoC/LHC service territory by answering the following questions. Please use data, information, or examples to support each statement when possible.

9. How will the applicant find potential clients? Will the applicant partner with other organizations to get referrals? If yes, what organizations or what type of organizations?

10. How will the applicant prioritize clients for the RV program?

11. Does the applicant have experience with conducting inspections? Please explain.

12. Would the applicant be able to travel to inspect all recovery residences every 6 months?

13. How will the applicant place RV clients in recovery residences? Please describe the process including how available spots in recovery residences will be identified. What type of communication with recovery residences will be had once the client is placed, if any?

14. What is the applicant's experience administering RV assistance, and/or rental assistance programs?

15. What type of case management support will the applicant provide the client upon entering the program, during the program, and/or exiting the program?

16. Was the applicant an RV grantee during grant year 2024? ☐ Yes ☐ No

a. If yes, how many clients did the applicant have in their RV program as of September 1, 2024?

Answer: _____ Currently Enrolled _____ Exited _____ Total

17. What is the applicant's capacity to be a centralized resource (administrator) for their CoC/LHC partners and other organizations to refer clients to for recovery voucher assistance? How will the applicant increase awareness of the program?

Client Eligibility

Individuals who are 18 or older (singles), and individuals who are 18 or older with families (families) are eligible to be supported by the RV program if they meet both the following criteria:

1. Have an opioid use disorder (OUD) diagnosis or documentation of receiving treatment for OUD within the past 12-months.

AND

2. Meet the definition HUD Category 1, 2, 3, or 4 homelessness.

18. Please describe how the applicant will assess and document client eligibility. Please be specific and describe how both key criteria will be addressed.

Budget & Estimated Clients Served:

Grantees are encouraged to submit a budget at the maximum award size (\$156,250). As a reminder the RV grant program has three types of funds:

Client Assistance Funds

Client assistance funds can be used to cover the bed cost of a client and their family (if applicable) staying in a DHS recognized recovery residence. Bed cost (or bed rate) is defined as the cost for an individual (and their family if applicable) to stay (have a bed) at a recovery residence. The bed cost does not include any ancillary services such as, but not limited to, case management provided by the recovery residence, healthcare costs (including support groups), meals, and peer support activities.

Rates charged to the RV grant program must be consistent or less than rates charged for non-assisted beds (beds not supported by the RV grant program) and under the RV Maximum Allowable Rate. There are different RV Maximum Allowable Rates for singles and families.

The RV Maximum Allowable Rate for singles is 135% of the [Fair Market Rate \(FMR\)](#) for a Single-Room Occupancy (SRO) unit in the area where the recovery residence is located. The SRO unit rate is calculated as 75% of the FMR of an Efficiency Unit. To calculate the RV Maximum Allowable Rate for singles, follow the below formula:

$$\text{Efficiency FMR} * 75\% * 135\% = \text{RV Maximum Allowable Rate for Singles}$$

The RV Maximum Allowable Rate for families is 135% of the FMR for an Efficiency Unit in the area where the recovery residence is located. To calculate the RV Maximum Allowable Rate for families, follow the below formula:

$$\text{Efficiency FMR} * 135\% = \text{RV Maximum Allowable Rate for Families}$$

Clients can be supported through December 31, 2025, as funding allows.

Client assistance funds can also cover the cost of the client's initial transportation to and/or return from a recovery residence. However, client assistance funds cannot cover transportation during the client's stay or moving costs.

More information can be found in the [2025 Program Manual](#). Client assistance funds can make up 70-100% of the award. Up to 1% of the total award can be spent on transportation.

Case Management Funds

These funds can cover the cost of the applicant's case managers and associated case management services. These funds cannot cover the cost of case management provided by the recovery residence. Applicants can request up to 25% of their award be case management funds but can also request less or none.

Administrative Funds

Applicants can request up to 10% of their award be administrative funds but can also request less or none.

The percentage allocation between client assistance funds, case management funds and administrative funds will be specified in the grantee's contract.

19. How many clients does the applicant expect to serve with these funds?

Individuals: _____

Families: _____

(Please provide the number of families, not the number of individuals within the families)

20. The applicant's budget request: (maximum \$156,250)

Budget Categories	RV Grant Funds Request
Client Assistance Funds (70-100% of total award): *	-
Client Transportation	\$
Other Client Assistance:	-
Individuals	\$
Families	\$
Case Management Funds (up to 25% of total award): **	-
Inspections	\$
Other Case Management:	-
Individuals	\$
Families	\$
Administrative Funds (up to 10% of total award)	\$
Total	\$

*Budgeted dollars will be moveable within the Client Assistance category

**Budgeted dollars will be moveable within the Case Management category

21. Please explain the applicant's rationale for requesting the above amount across the three funding categories.

22. How many months would the applicant's tenure policy be if awarded? _____
and what would be the applicant's end date for all RV client assistance if awarded? _____

Contractual Responsibility

23. Does the applicant recognize, and will it abide by the requirement to maintain contractual responsibilities, perform administrative duties, and provide all program delivery (subcontracting is not allowed)?

☐ Yes ☐ No

Financial Management & Accountability

Maintaining clear records and tracking each funding source separately is required by DEHCR. Please answer the following questions.

Questions	Answers
24. Does the applicant have a method of tracking each funding source from DEHCR separately?	☐ Yes. ☐ No, will create if awarded. ☐ No, will NOT create.
25. Does the applicant have policies and procedures for keeping backup documentation on expenditures so it can be produced upon request?	☐ Yes. ☐ No, will create if awarded. ☐ No, will NOT create.
26. Do the applicant's payroll records clearly define hours worked against one funding source vs. other sources, and are payments similarly tracked?	☐ Yes. ☐ No, will start if awarded. ☐ No, will NOT start.

Practices, Policies, Procedures & Documentation

The following practices, policies, procedures and documentation of such are required of each grantee and may be reviewed during yearly monitoring. **Please answer whether the applicant has the following.**

Practices, Policies, Procedures & Documentation	Answers
27. Accessibility Practices/Resources:	☐ Yes.

Each grantee should have resources and practices in place to communicate with all potential beneficiaries including those with limited or no English. Further, facilities and programming should be accessible to people with disabilities including, but not limited to, people with vision loss, hearing loss, physical/mobility concerns, and learning disabilities.	☐ No, will create if awarded. ☐ No, will NOT create.
28. Client Termination Policy: To terminate assistance to a client, the grantee must establish and follow their formal specific RV program termination process with the following requirements: ● Grantees must document the provision of the termination policy to the client (and other family members who are 18 and above, if applicable). ● Grantees may terminate assistance if a client violates the rules of the program. ● Grantees must establish and follow a formal process that recognizes individual rights. ● Grantees must allow termination in only the most severe cases. ● Grantees must establish a formal process that includes a written notice to the client containing a clear statement of the reasons for termination, opportunity to have the decision reviewed, in which the client is given the opportunity to present objections before a person other than the person who made or approved the termination decision and a prompt written notice of the final decision to the client. ● Grantees may provide assistance to a client who has been terminated from a program at a later date. <u>This policy must be specific to the grantee's RV program and must be different from recovery residences' termination policies.</u>	☐ Yes. ☐ No, will create if awarded. ☐ No, will NOT create.
29. Confidential, Proprietary and Personally Identifiable Information Policy: All grantees must develop and implement written procedures to ensure: ● All records containing personally identifying information of any person or family who applies for and/or receives assistance will be kept secure and confidential. ● The address or location of any domestic violence, dating violence, sexual assault, or stalking shelter project assisted will not be made public except with written authorization of the person responsible for the operation of the shelter. ● Grantees must develop and implement procedures to ensure the confidentiality of records pertaining to any person provided family violence prevention or treatment services under any project assisted, including protection against the release of the address or location of any family violence shelter project, except with the written authorization of the person responsible for the operation of that shelter. ● The use or disclosure by any party of any information concerning eligible individuals who receive services for any purpose not connected with the administration of the program is prohibited except with the informed, written consent of the eligible individual or the individual's legal guardian. ● <u>If there is a disclosure of confidential information outside of the above guidelines, the grantee must notify the contracting or granting agency (DEHCR) within five (5) business days.</u>	☐ Yes. ☐ No, will create if awarded. ☐ No, will NOT create.

30. Drug Free Workplace Policy: Each grantee is required to have a Drug Free Workplace Policy and procedures to carry out the policy. The policy must include that the contracting or granting agency (DEHCR) will be notified within <u>10 days</u> after the grantee receives notice that a covered employee (an employee supported with RV funds) has been convicted of a criminal drug violation in the workplace.	☐ Yes. ☐ No, will create if awarded. ☐ No, will NOT create.
31. Equal Access Policies & Procedures: The grantee is expected to have policies and procedures to ensure equal access to services regardless of sexual orientation, gender identity, family composition or marital status.	☐ Yes. ☐ No, will create if awarded. ☐ No, will NOT create.
32. Non-Discrimination Policy for Clients & Employees: Each grantee must have a policy expressing discrimination against clients/ potential clients and employees/ potential employees based on race, color, religion, sex (including pregnancy, sexual orientation, or gender identity), national origin, physical condition, disability, age (40 or older) or genetic information (including family medical history) is illegal and will not be tolerated. The policy should outline a way for clients/ potential clients and employees/ potential employees to report discrimination, and potential repercussions for those who engage in discrimination.	☐ Yes. ☐ No, will create if awarded. ☐ No, will NOT create.
33. No Required Faith Based Activities Or Religious Influence: All RV funded activities must be administered in a manner that is free from religious influences and in accordance with the following principles. • Grantees must not discriminate against any employee or applicant for employment and must not limit employment or give preference in employment to persons based on religion. • Grantees must not discriminate against any person applying for shelter or services and must not limit shelter or services or give preference to persons based on religion. • Grantees must provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing and exert no other religious influence in the provision of programs or services funded under the RV grant program. • If a grantee conducts these activities, the activities must be offered separately in time or location from the programs or services funded under the RV grant program, and participation must be voluntary for RV program participants.	☐ Yes ☐ No, will create if awarded ☐ No, will NOT create
34. Process to Ensure Client Eligibility: All grantees must have a process in place to screen clients to ensure eligibility.	☐ Yes. ☐ No, will create if awarded. ☐ No, will NOT create.
35. Recordkeeping and Retention:	☐ Yes. ☐ No, will create if awarded.

Grantees must retain all program files, financial documents, and records (including client files) for a <u>minimum of six (6) years</u> after the contract period ends. All files must be available for review or audit upon request from DEHCR, DHS or the Legislative Audit Bureau (LAB). Often the turnaround for file requests is short; therefore, files must be readily accessible so they can be provided to DEHCR, DHS or LAB within the timeframe requested.	☐ No, will NOT create.
36. Recovery Residence Location: If a client cannot be served at a recovery residence within the boundaries of the grantee's service territory or would be better served at a recovery residence outside of the grantee's service territory, the client may be supported at a recovery residence outside of the grantee's service territory if the client agrees.	☐ Yes. ☐ No, will create if awarded. ☐ No, will NOT create.
37. Recovery Residence Stay Agreements: For each client (and their family, if applicable; in this section the client and their family will be referred to as the client as well for brevity) placed in a recovery residence, the grantee must sign an agreement with the recovery residence where the client will be staying. This agreement must include the following elements: 1. Statement the recovery residence is on the DHS Recovery Residence Registry on the day the stay agreement is signed. 2. Outline of the costs including but not limited to the pro-rated first month (if applicable), monthly rate, and security deposit (if applicable) and payment terms. The security deposit is to be returned to the client minus any applicable charges at the end of the client's stay. <u>Statement that the rate charged is the bed rate and does not cover any ancillary services such as but not limited to case management, transportation, health/mental health care, and support groups. Statement that the bed rate charged is the same or less than the bed rate charged for beds not assisted by the RV program.</u> 3. Acknowledgement a bed may be held for a client 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 30-day window the RV program will continue to pay for the client's bed. 4. Statement that if the client's term ends within the first 15 days of the month (or of the billing period), the recovery residence is to return half the amount of that month's (or billing period's) dues. 5. Requirement the recovery residence inform the grantee if there are any issues with the client to help prevent the client being asked to leave the recovery residence. Requirement that if the client is asked to leave the recovery residence, the grantee will be immediately informed (within 48 hours) and preferably before eviction/termination whenever possible. 6. Requirement the client (and other family members who are 18 and above, if applicable) be required by the recovery residence to sign a form attesting to the fact they have received the policies and procedures of the recovery residence including their termination policy. The recovery residence must share this signed form and a copy of their policies and procedures with the grantee. 7. Requirement the recovery residence share where the client is exiting to if known.	☐ Yes. ☐ No, will create if awarded. ☐ No, will NOT create.

8. Encouragement the recovery residence follows best practices and not immediately evict someone if they relapse.	
38. Involuntary Family Separation: The grantee must have and implement an Involuntary Family Separation Policy including the following rules: • All individuals or groups of individuals regardless of age, gender identification, sexual orientation, and marriage status identifying as a family must be served as a family by any project which serves families. There can be no involuntary separation. • There can be no documentation requirement or need for “proof” of family, gender identification, and/or sexual orientation. Examples of prohibited inquiry and documentation include but are not limited to parentage, birth certificates, and marriage certificates. • Families with children under age 18 must not be denied services based on the age of any child under age 18. For example, a family could not be denied assistance because there is a 16-year-old in the family.	☐ Yes. ☐ No, will create if awarded. ☐ No, will NOT create.
39. Residency: The grantee shall not require homeless individuals or families to be residents of the state or locality to receive shelter and support services, nor shall the grantee set differing allowed lengths of stay based on whether a homeless individual or family are residents of the state or locality.	☐ Yes. ☐ No, will create if awarded. ☐ No, will NOT create.

Racial Equity

DEHCR is dedicated to increasing racial equity across the State of Wisconsin and particularly doing so in all programs receiving DEHCR administrated funds. Please answer the following questions.

40. Which racial/ethnic groups are most over-represented in your system compared to their representation in the general population?
41. How does your agency intentionally address the principles, values, and skills needed to improve outcomes for the groups identified in question #1.
42. What partnerships does your agency have to help address racial disparities in the homelessness system? Who else could you partner with?
43. Describe the diversity amongst your agency's staff, specifically the leadership.

Please complete chart below.

Questions	Answers
44. Does your agency have staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness and engaging internal and external stakeholders?	☐ Yes ☐ No
45. Does your agency offer any formal employee training around biases, anti-racism, or general DEI?	☐ Yes ☐ No
46. Is your agency collecting data to better understand the pattern of program use for people of different races and ethnicities?	☐ Yes ☐ No
47. Is your agency expanding outreach to higher concentrations of underrepresented groups?	☐ Yes ☐ No

48. Does your agency have communication (flyers, websites, other materials) inclusive of underrepresented persons?	☐ Yes ☐ No
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ASSURANCES FOR RECOVERY VOUCHER GRANT PROGRAM

_____(Name of Applicant) **HEREBY AGREES**
THAT IT WILL COMPLY WITH THE FOLLOWING ASSURANCES:

1. The undersigned possesses legal authority and capacity to enter into this contract and a motion has been duly passed as an official act of the governing body of the Applicant, authorizing the execution of this agreement, including all understandings and assurances contained therein, and authorizing the Authorized Official to act in connection with the Applicant and to provide such additional information as may be required.
2. Funds received under this grant program will be used to provide services to eligible recipients who are homeless.
3. Persons receiving assistance will not be required to be a resident of the state or locality and will not be required to participate in religious activity.
4. Information about recipients and applications will be kept confidential.
5. The applicant assures that it has sufficient fiscal control and funding accountability to adequately safeguard disbursement and accountability for funds awarded.

Date: _____ Applicant: _____

By: _____

Signature of Authorized Official

(Digital Signatures Accepted)