



Metro Drug Coalition's Recovery Housing Support Fund offers a one-time housing scholarship up to \$300 to aid individuals in entering a safe place to further their recovery process. The Fund was established 2018 and has helped hundreds of people enter supportive housing.

### Our Housing Network

The Recovery Housing Support Fund works with a select network of East Tennessee area recovery residences who have agreed to maintain the ethics and standards set forth by TNARR (Tennessee Association of Recovery Residences). If you represent a recovery residence or halfway house and would like to become one of our partners, please reach out to us. For the most up-to-date list of our partners, please contact Jennifer Knisley at 865-410-9527 or [jknisley@metrodrug.org](mailto:jknisley@metrodrug.org), or visit [metrodrug.org/recovery-support/recovery-housing-fund/](http://metrodrug.org/recovery-support/recovery-housing-fund/).

### The Application Process

1. Fill out the scholarship application completely. The application begins on the next page. Please contact Jennifer Knisley at 865-410-9527 or [jknisley@metrodrug.org](mailto:jknisley@metrodrug.org) with questions.
2. Return the application to MDC:
  - o Fax: 865-588-0891 – Attn: Recovery Housing Support Fund
  - o Email: [jknisley@metrodrug.org](mailto:jknisley@metrodrug.org)
3. Be sure to include the best phone number to reach you so we can contact you if we have questions.
4. We will reach out to our network of recovery residences to determine an appropriate fit for you.
5. If approved, we will send your scholarship funds directly to the recovery residence on your behalf.

### Important Recovery Housing Support Fund Policies:

1. MDC may pay up to \$300 per individual for their recovery housing *entry fee*. **We do not help with back-rent.** These are transitional funds only for those who are currently transitioning to a recovery residence.
2. This housing *entry fee* may only be utilized one time by an individual.
3. MDC cannot provide a scholarship to anyone who currently has a source of income, including Social Security and Disability.
4. Scholarship recipients must fulfill the following requirements:
  - a. Participate in recovery coaching at The Gateway, located at 530 W 5th Ave, Knoxville, TN 37917.
  - b. Complete 5 hours of volunteer work with Metro Drug Coalition within one month of approval.
  - c. Attend a support group of their choice at The Gateway once per week.



## **GRANT APPLICATION**

Applicant's Name: *(print)* \_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_

If you are not employed, are you physically able to work?      Yes      No

Monthly Income: \_\_\_\_\_      Monthly Expense: \_\_\_\_\_

Are you currently in or recently in treatment for chemical dependency?      Yes      No

If yes, where are you currently in treatment? \_\_\_\_\_

Primary counselor's name and contact information:

\_\_\_\_\_  
\_\_\_\_\_

Have you been accepted to a support living facility or halfway house?      Yes      No

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_



The primary function of Metro Drug Coalition's Recovery Housing Support Fund is to assist individuals in need of a support living facility or a halfway house that will aid them in their recovery from alcohol and/or drug addiction.

I understand this is a grant for the Metro Drug Coalition Housing Support Fund. I have read and understand the requirements that must be fulfilled upon approval for this grant. This grant is not required to be paid back; however, the fund is always open to donations if the individual wishes to pay back what was granted to them.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Checks and money orders are to be made to Metro Drug Coalition and mailed or delivered to:

Metro Drug Coalition  
Attn: Recovery Housing Support Fund  
PO Box 27480, Knoxville, TN 37917

**Signature of Metro Drug Coalition Staff Member Approving Grant Application:**

\_\_\_\_\_  
Staff Member

\_\_\_\_\_  
Date

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Check # \_\_\_\_\_ Issued on \_\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_  
Bookkeeper

## RECOVERY HOUSING SCHOLARSHIP PROGRAM

### PROGRAM CONSENT FORM

#### Introduction

The Metro Drug Coalition (MDC) Recovery Housing Program is intended to support you in identifying and securing recovery housing. To do this, the MDC provides scholarships to assist individuals with their housing needs through an application process and connection to approved housing providers in the community. You have been offered a Recovery Housing Scholarship to assist you in meeting your housing needs and goals. You are eligible to participate because you meet the criteria needed for entering the Recovery Housing Scholarship Program (RHSP).

#### Data Privacy/Confidentiality

By consenting to participate in RHSP, you agree to provide information at the time of enrollment and periodically thereafter which will assist in data collection and future housing scholarship distribution. Any information compiled about you will be maintained in a confidential manner, with access limited to others who are involved in the housing process and to others for whom you have provided consent for sharing information. Any identifiable information obtained in connection with your participation with the Recovery Housing Scholarship Program will be disclosed only with your consent.

#### Description of Program

You will be working with MDC's Regional Lifeline Director who will assist you during the application process. Scholarship funds have been received by MDC as part of a federal Bureau of Justice Assistance award. You will be asked some questions about yourself to ensure the MDC is able to report on the use of these funds to support your housing needs. Also, at a future date, you may be asked to participate in an evaluation of this scholarship program. Acceptance, refusal, or termination of consent in the evaluation does not affect participation or eligibility to the scholarship, or services otherwise covered.

#### Explanation of Program

I understand that by participating in the Recovery Housing Scholarship Program:

- I have completed the application to the best of my ability and to my knowledge the information provided is accurate.
- With approval of the MDC, \$300 will be paid on my behalf to the housing provider towards the deposit.
- The maximum times that I may receive the Recovery Housing Scholarship support is one (1) time with no possibility of a second payment.
- Once awarded a scholarship, I understand I cannot reapply for a Recovery Housing Scholarship in the future.
- I will not break the rules and regulations associated with my housing obtained through the program.
- I will not endanger the recovery of people who I may reside with.
- Upon approval, I will fulfill the following program requirements:
  - Participate in recovery coaching at The Gateway, located at 530 W 5th Ave, Knoxville, TN 37917.
  - Complete 5 hours of volunteer work with Metro Drug Coalition within one month of approval.
  - Attend a support group of my choosing at The Gateway one time per week.

#### Benefits/Compensation

The RHSP is provided free of charge to the applicant. Scholarships provided by the MDC are considered a way for individuals with housing needs to identify and address those needs and improve their quality of life. No form of compensation is available to applicants for participating in the RHSP as all deposits and/or rent is paid directly to the selected Housing Provider.

#### Rights and Responsibilities

As a recipient of Recovery Housing Scholarship Program services, you have the right to:

- Recognition of your dignity and right to privacy.
- Information about the scholarship program and the reason for your selection in it.
- Whenever possible, the same RHSP staff person to support and assist you over time.
- Confidential treatment of your personal health information (PHI).
- Upon request, an explanation of how the program may share your PHI with other entities.
- Access to your application and record of payment on your housing deposit.
- Reasonable access to housing and recovery support services.
- Scholarships awarded without discrimination based on race, ethnicity, age, mental or physical disability, genetic information, color, religion, gender, sexual orientation, or national origin.
- Means to voice complaints and appeals about the housing decisions or scholarship provider.
- A timely response to your questions or complaints.
- To refuse RHSP services and to be told the implications of such refusal, if any.
- To obtain notification and a rationale when RHSP services are terminated, upon request.

## RECOVERY HOUSING SCHOLARSHIP PROGRAM

### PROGRAM CONSENT FORM

As a participant of the Recovery Housing Scholarship Program, it is important to:

- Notify MDC's Regional Lifeline Director of any changes in your address and/or telephone number to achieve regular and effective communication.
- Give the Regional Lifeline Director as much information as possible to help them find housing for you.
- Follow the plans and instructions that you agree to with your housing provider.
- Review all application and RHSP materials carefully and consider possible consequences of not complying with the housing scholarship process.
- Ask questions to be sure you understand instructions & explanations provided by the MDC & housing provider.
- Treat others with the same respect and courtesy you expect.
- Keep appointments or give adequate notice if you must delay or cancel them.
- Notify the MDC Regional Lifeline Director if you choose not to participate in the program.

#### Questions about Recovery Housing

You are free to ask whatever questions you have at any time. You may contact the MDC about your Recovery Housing Scholarship at the following: Jennifer Knisley at [jknisley@metrodrug.org](mailto:jknisley@metrodrug.org) or by phone at 865-588-5550.

#### Grievance Procedure

If, at any time, you experience concerns during the course of your involvement with the RHSP that warrant formal attention, you are encouraged to resolve the concern with a staff person at MDC. If this process proves unsatisfactory, if you determine that doing so would jeopardize your relationship with MDC or your Housing Provider, or if there are concerns for personal safety, you may contact Jennifer Knisley at [jknisley@metrodrug.org](mailto:jknisley@metrodrug.org) or by phone at 865-588-5550.

#### Consent/Acceptance of Recovery Housing Scholarship Program Services

Initial: \_\_\_\_\_ By signing below, I acknowledge that I have read (or had read to me) and understand the above information and agree to receive Recovery Housing Scholarship Program services.

Initial: \_\_\_\_\_ I further permit the authorized Metro Drug Coalition staff person to communicate with me in writing, electronically, or by telephone, as may be necessary, for the purpose of my housing coordination and management.

Initial: \_\_\_\_\_ I may, without consequence, withdraw my participation from the program at any time after signing this document.

Initial: \_\_\_\_\_ I acknowledge that I have received a copy of this consent form and release of information document.

Initial: \_\_\_\_\_ I may request and receive a copy of this signed consent form at any time. Any and all copies of this document are considered as binding as the original.

As a result of the COVID-19 restrictions, the following will be used for individuals that cannot provide hand-written consent.

MDC Staff Initial: \_\_\_\_ Yes, the participant has provided me verbal consent to participate in the RHSP.

MDC Staff Initial: \_\_\_\_ No, the participant has not provided me verbal consent to participate in the RHSP.

Scholarship Recipient (Signature)

Date and Time

Scholarship Recipient (Please Print)

Recovery Housing Scholarship Manager (Signature)

Date and Time

Recovery Housing Scholarship Manager (Please Print)

