



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: _____

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 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 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)	

