

Dismas House of Kansas City, Inc.

RSS Provider Allocation Request Form

Organization Name: _____

Organization Address Location(s): _____

Person Completing Allocation Request: _____

Contact Phone: _____

Contact Email: _____

Contact Fax: _____

Region Location:

Region 1 Region 2 Region 3 Region 4 Region 5

Quarter Requested:

July 1- September 30

October 1 – December 31 (Requests due by September 1, 2018)

January 1 – March 31 (Requests due by December 1, 2018)

April 1 – June 30 (Requests due by March 1, 2019)

How many new consumers does your agency plan to admit during this quarter?

What is the total amount of voucher funding being requested by your organization for this quarter?

How will your organization partner with the Access Site in your area in the collection of follow-up GPRA interviews for the consumers that are enrolled in the RSS funding through your program?

Please share your plans to be involved in the local and/or statewide Recovery Support Providers Coalition.

Please list the name(s) of the billing/voucher request staff member(s) from your organization and their corresponding contact information:

	Billing/Voucher Contact	Staff Supervisor (if applicable)	Agency Director/Owner
Name			
Phone: (Office and Alternate)			
Email Address			

Is there any other information that you would like to provide with this request?

Submitted by: _____ **Date:** _____

Agency Authorized Signature: _____ **Date:** _____