Dismas House of Kansas City, Inc.

Provider Connection Agreement

SAMPLE NAME/

I, _____ acknowledge that I have received an assessment, recovery plan and recovery support voucher allocations in my name. I agree to allow Dismas House of Kansas City to communicate with the providers and agencies checked below concerning my recovery support services. I also acknowledge that I have been advised that through the Recovery Support Services funding, I will have an allocation through a $ ___ **(Voucher)** to be used **(only)** for my recovery support services as outlined in my recovery plan. I understand that this is a onetime allocation for the duration of the four year grant. I have been advised of the selection of recovery support providers, and I have a right to choose services and may end my participation with any recovery support provider at any time. I agree and request to enter into this recovery support plan with Dismas House of Kansas City and the providers/agencies checked below. I agree to participate and cooperate with the recovery plan interviews with Dismas House of Kansas City by telephone or in person on the follow up dates provided to me during my screening and intake.

By signing, I agree to participate in the regular recovery management calls and complete the follow up GPRA interview five months from now.

RECOVERY SUPPORT SERVICES

By signing, I confirm that I represent a credentialed recovery support provider and I am authorized to agree and do agree to implement the Life Recovery Support plan for the consumer named above. I further understand that the vouchers issued by Dismas House of Kansas City must be used for the services identified in this recovery plan.

RECOMMENDED RECOVERY SUPPORT SERVICES:	Access Site	RSPR*
Care Coordination:		
Re-Entry Coordination:		
Drop In Center:		
Housing Peer:		
Housing Supervised		
Recovery Coaching Individual		
Recovery Counseling Individual:		
Recovery Counseling Group:		
Spiritual Counseling Group:		
Transportation Mileage:		
Transportation Public:		

Other Treatment or Recovery Support Services Recommended:

Notes:

Life Recovery Member Signature: Date:

Access Site Signature: Date:

Recovery Support Provider Agreement

Provider Name:

- ☐ **Academy of Addiction Services**
- ☐ **COPS**
- ☐ **Dismas House of Kansas City**
- ☐ **Empowerment for Change**
- ☐ **Footprints**
- ☐ **Healing House**
- ☐ _____
- ☐ _____
- ☐ _____

Provider Representative: Date:

	Received	Needed	
Assessment Notes/Tx Level			
Other: (Note below)			