



DIRECTIONS: Please complete the information below and scan or take a picture and email it to AccessToRecoveryinc@gmail.com. If unable to do so, please compile all answers in a basic email

ATR HOUSING ASSISTANCE REQUEST

Date of Request: _____

Name: _____

Date of Birth: _____

Contact Information: _____

Type of Request (check all that apply)

- ☐ **Rent:** One week at Recovery House
- ☐ **Transportation:** 7-Day RIPTA bus pass (must be in recovery residence)

Goals

Briefly tell us why you are requesting this grant, how it will assist you and the plans you've made for continued success in your recovery:

Agency use only:

Status of request:	Payment :								
<input type="checkbox"/> Approved	<table border="1"><tr><td>Agency</td><td></td></tr><tr><td>Contact</td><td></td></tr><tr><td>Amount</td><td></td></tr><tr><td>Date</td><td></td></tr></table>	Agency		Contact		Amount		Date	
Agency									
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<input type="checkbox"/> Denied									