

**REGION IV REACH Verification of Housing upon Discharge**

Guest Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree

(CSB of origin, residential provider, or sponsor home provider)

that we will provide residential support and housing for, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(client’s name)

upon his/her discharge from the Region IV REACH Home. I understand that the Home does not provide a permanent residential placement, but rather offers appropriate supports to facilitate the individual’s successful transition back to the community. The discharge date will be determined by the REACH Team and it will be based on the medical, psychiatric, and/or behavioral need of the individual.

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Signature of CSB/Residential Provider/Sponsor Home Provider Date

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

Signature of REACH Staff Date

VA REACH Region IV 6.19.18