



Recovery Supportive Living Assistance (RSLA) Duplication of Benefits Form (Resident)

Date: _____

Resident Name: _____

Please mark the box below regarding any prior assistance.

- I have **not** applied and or received funding assistance from other agencies to assist with my sober living fees/rent in the last 12 months.

_____ (Initial) _____ (Initial)

- I have applied and or received funding assistance from the following agencies to assist with my sober living fees/rent in the last 12 months.

_____ (Initial) _____ (Initial)

Please list name of all organizations and amount received:

Name: _____

Requested \$ _____ Requested \$ _____ Date Received: _____

Name: _____

Requested \$ _____ Requested \$ _____ Date Received: _____

Name: _____

Requested \$ _____ Requested \$ _____ Date Received: _____

- Are there any applications pending from other agencies: Yes or No (IF yes name of agency and date applied) _____

CERTIFICATION: I Certify that the information that I have provided above is an accurate and complete funding disclosure. I understand that providing false information is not acceptable and may be looked at as a fraudulent offense for which I can be prosecuted.

Client Signature: _____

