

**PROPOSAL FOR USE OF DISCRETIONARY DISCHARGE FUNDS  
Request for Placement of 2 or More Clients in a Congregate Living Arrangement**

**Agency submitting proposal:**

**Agency contact person for this proposal:**

**Phone number:**

**Date submitted:**

**LMHA**

**Amount of money being requested:**

**Agencies with whom you will be contracting (if any):**

**The dollars will be used specifically for these services:**

**Some of these services will be needed for each client, some clients can share a service.**

<b>Services</b>	<b>Rate</b>	<b># per week</b>	<b>Weekly cost</b>	<b>Yearly cost</b>
<b>Recovery Assistant</b>				
<b>Peer Support</b>				
<b>Short-term crisis Stabilization</b>				
<b>Residential Staff</b>				

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<b>Recovery Assistant</b>				
<b>Peer Support</b>				
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<b>Peer Support</b>				
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<b>Residential Staff</b>				

**For residential programs, the agency must provide a clear list of positions, fringe, overhead etc. on a separate document.**

**All other services, such as Community Support, TCM, Mobile/Crisis are considered in-kind and should be listed and provided by supporting organizations**

**With this request the following client(s) will be discharged:**

<b>Client Name (or initials and MPI)</b>	<b>Current Location</b>	<b>Length of stay</b>	<b>Anticipated Date of Discharge</b>

**Details of proposal: (Since we are looking at annualized \$, include the amount FY'10 and FY '11 Include information such as specific start up costs, number of hours for X number of staff at what specific cost, etc.**