

POLICY AND PROCEDURE NAME
LEAVE OUTSIDE OF PROGRAM GUIDELINES
POLICY AND PROCEDURE NUMBER
62
FLORIDA STATE STATUTE - FSS -AREA:
RESIDENT RIGHTS AND RESPONSIBILITIES
FARR QUALITY STANDARDS AREA:
RESIDENT RIGHTS AND RESPONSIBILITIES
POLICY STATEMENT
<p>THE RECOVERY RESIDENCE UNDERSTANDS THAT THERE MAY BE TIMES THAT SITUATIONS OCCUR THAT REQUIRE RESIDENTS TO HAVE LEAVE FROM THE RECOVERY RESIDENCE SUPPORTIVE RECOVERY PROGRAM. THERE ARE CERTAIN SITUATIONS THAT LEAVE WILL BE APPROVED.</p> <p>1. FAMILY ILLNESS OR DEATH. 2. COURT 3. WORK</p> <p>THIS POLICY AND PROCEDURE DOES NOT COVER NIGHTS OUT GRANTED PER RESIDENCE PHASE SYSTEM OR MAJOR HOLYDAYS POLICY AND PROCEDURE.</p>
PROCEDURE
<p>THE RECOVERY RESIDENCE WILL REQUIRE THAT THE RESIDENT BUT THEIR REQUEST IN WRITING TO THE CRRA FOR THE RECOVERY RESIDENCE AND SUPPLY SUPPORTING DOCUMENTATION.</p> <p>THE CRRA WILL RECEIVE FEEDBACK FROM THE RESIDENCE MANAGERS AND THE PEER COMMUNITY.</p> <p>THE CRRA WILL RESPOND IN WRITING BACK TO THE RESIDENT ON THEIR DECISIONS.</p> <p>SEE ATTACHED REQUEST FORM.</p>
POLICY AND PROCEDURE DATE
12.19.2016
POLICY AND PROCEDURE END

REQUEST FOR LEAVE OUTSIDE OF PROGRAM GUIDELINES

RESIDENT NAME		
RESIDENT PHONE		
RESIDENT EMAIL		
RESIDENT LOCATION	WHICH RESIDENCE ARE YOU IN?	
DATE FORM COMPLETED		
REASON FOR LEAVE		
DATE LEAVING		
DATE RETURNING		
DESTINATION ADDRESS		
CONTACT OF WHO YOU ARE STAYING WITH		
RESIDENCE MGR SIGNATURE	RESIDENCE MGR SIGNATURE INDICATES RECOMMENDATION FOR LEAVE TO BE GRANTED.	
RESIDENT SIGNATURE		
STOP – REMEMBER TO ATTACH SUPPORTING DOCUMENTATION		
DATE ADMINISTRATION RECEIVED FORM		
FORM RECEIVED BY		
DECISION	APPROVED	DENIED
NOTES		
CRRA NAME		
CRRA SIGNATURE		
DATE CRRA SIGNED		