**Recovery Residences SFY25 Reporting Instructions**

1) Download the excel file entitled "Recovery Residence Reporting FY25" from the DSU [Reporting Forms and Guidance Documents webpage](#)

Recovery

∨ Recovery Housing Programs

REPORTING FORMS
Recovery Housing FY25
Recovery Residence Reporting FY25

2) Navigate to the **SFY25 Number Served** tab and complete the information for the appropriate quarter.

Instructions | SFY25 Number Served | SFY25 Reporting
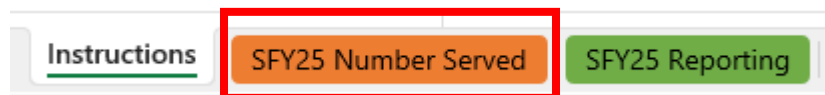
3) Navigate to the **FY25 Report tab** and provide a full record of everyone that DEPARTS the facility during the grant year (July 1 2024 - June 30 2025). Each entry (row) in the table will correspond to one client departure.

Instructions | SFY25 Number Served | SFY25 Reporting
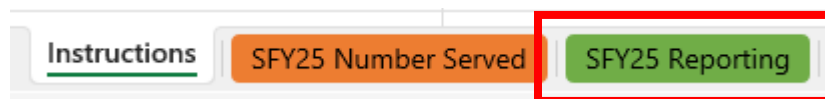
4) You will upload this spreadsheet (or a report containing the requested information) as your [Quarterly Grant Report via Alchemer](#). The submission deadlines are as follows:

SFY25 Quarterly Grant Reporting Submission Deadlines	
Quarter	**Deadline for Alchemer Submission**
Quarter 1 (Jul 1 2024 - Sep 30 2024)	**October 15th 2024**
Quarter 2 (Oct 1 2024 - Dec 31 2024)	**January 15th 2025**
Quarter 3 (Jan 1 2025 - Mar 31 2025)	**April 15th 2025**

Quarter 4 (Apr 1 2025 - Jun 30 2025)	July 15th 2025

5) Reporting will be **year-to-date**. Maintain the same worksheet for the full grant year, adding additional rows for clients as needed. For example, the Quarter 2 report will include information submitted from Quarter 1, the Quarter 3 report will include information submitted for Quarter 1 and Quarter 2, etc.

6) For additional information, see data input instructions for each field as outlined in the table below:

Data field	Input Instruction
Total unique people who received recovery residence service during the quarter	Enter the total number of unique people served in the recovery residence for each quarter in SFY25
Total bed days for the quarter	Enter the total number of bed days for each quarter in SFY25
Recovery Residence Name/Location	Select the location from which the person departed.
RR Unique Identifier (Optional)	If the recovery residence assigns a unique identifier to each client, enter the residence-assigned unique identifier.
Intake Date	Add the date the person ENTERED the program associated with this departure.
Has this person received Recovery Residence Services here or elsewhere in the past?	Please select if the client has previously received recovery residence services (from your location or elsewhere) from the dropdown.
Prior to Recovery, the Primary Substance of Choice at Intake?	Enter the person's preferred substance prior to entering recovery
Prior to Recovery, Secondary Substance of Choice at Intake?	Record the substance the person would have chosen if the preferred substance wasn't available.
Employed at Intake?	Please enter the person's employment status at the time they entered the program associated with this departure.
Who Referred the Person to the Recovery Residence?	Select a referral source from the dropdown list -- when there are multiple referrals, please select the primary one other than "Self".
Client's Age at Intake	Please add the age of the client in whole numbers.
Client's Self-Reported Gender	Please select the person's gender from the dropdown (as defined by the client). Please use the "Other Gender" category for any self-reported gender identity other than male or female.

Criminal Justice Involvement at Intake?	Please select the person's criminal justice involvement status at the time person entered the program for this intake.
Pregnant at Intake?	Please select the person's pregnancy status at the time the person entered the program.
Is this Person Parenting Minor (Age <18) Children?	Please use the dropdown to record if the client is parenting children under the age of 18 (as defined by the client).
Number of Minor Children Housed With Parent at the Recovery Residence	Please enter the number of children under age 18 that were housed with the client.
Departure Date	Please enter the date the person departed from the program. *Departure date must be after the intake date.*
Departure Reason	Select the reason the person left the program from the dropdown.
Employment Status at Departure?	Please select employment status at the time the person departed from the program from the dropdown.
Housing Type at Departure	Please select the type of housing the person is going to when they left this program from the dropdown.
What Health Insurance Does the Person Have at Departure	Please select the type of insurance the person has at the time of departure from the dropdown list.
Was Person Connected to Recovery Supports and Services (as defined by client) at Departure	Please select if the person was connected to recovery supports (as defined by the client) from the dropdown.
Was Person Connected to Preferred Provider or Spoke Services at Departure	Please select if the person is receiving continued SUD treatment within the VT Preferred Provider system or at a spoke at the time they leave RH from the dropdown.
Has the person increased the number of positive relationships between intake and departure	Please indicate if the person was able to create new and positive relationships while they were residing at the residence.
Received Employment Services during stay - HireAbility, DOL	Did the person receive HireAbility services at any point during this stay?
Comments/Other	Enter information for any responses where "other" was selected
Housing Stage at Intake	Please select the housing stage at which the person entered Jenna's Promise Housing from the dropdown. This applies only to Jenna's Promise.
Stage 1 Housing (Rae of Hope) Date	Please enter the date the person entered or moved to this stage of housing. *This date must be between the intake and departure date.*
Stage 2 Housing (Beacon of Light) Date	Please enter the date the person entered or moved to this stage of housing. *This date must be between the intake and departure date.*

Stage 3 Housing (Bright Horizons Apartments) Date	Please enter the date the person entered or moved to this stage of housing. *This date must be between the intake and departure date.*
Stage 4 Housing Date	Please enter the date the person entered or moved to this stage of housing. *This date must be between the intake and departure date.*
Housing Stage at Departure	Please select the housing stage of the person at the time of departure from the program.
Calculated Length of Stay	This field is auto populated