Recovery Residence Data Manual

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Purpose

This document provides specifications for data that must be collected by operators of Recovery Residences in Vermont and reported to the Vermont Alliance of Recovery Residences, or other designee approved by the Department, and the Vermont Department of Health. The data is used to monitor the services provided by recovery residences, compliance with certification standards and grant requirements, and to provide summary data to funders to show the outcomes and utilization of recovery residence programming.

Originating Office

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Please contact AHS.VDHDSU@vermont.gov with questions about the contents of this document.

Revision History

Date	Version	Revision Summary	Author
7/16/2026	**1.0**	Version 1.0 finalized by VDH	Danielle Schwartz

VERMONT
DEPARTMENT OF HEALTH

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Background

Act 103 (S.157)

Effective July 1, 2026, Act 103 (S.157) **An act relating to recovery residence certification** requires the Vermont Department of Health's Division of Substance Use Programs to assume responsibility for recovery residence services in the State.

> **Section 5(a)(1) of the Act requires the Department of Health to:**
> Set forth data collection standards and reporting requirements for certified recovery residences, including data elements and frequency, exit and transfer data, and requirements for annual reporting from the Department to the General Assembly that measure the program's effectiveness.

This manual includes the data collection standards and reporting requirements for recovery residences in the State starting July 1, 2026.

Definitions and Acronyms

Recovery residence
A shared home like living residence supporting residents recovering from a substance use disorder that provides residents with peer support, assistance accessing support services, and other community resources related to substance use disorder.

Department
The Vermont Department of Health

Designee
An organization that has a current, binding legal agreement with the Department and to which the Department has delegated authority and oversight for Recovery Residence certification.

Certified recovery residence
A recovery residence that has current certification through Vermont Alliance for Recovery Residences (VTARR) or another designee approved by the Department.

Resident
A "**Resident**" is a person who completed the intake process and has a signed Residential Agreement with a recovery residence. A person is not a resident if they have only completed the application process without completing intake and signing a Residential Agreement or have been placed on a waiting list.

Unique identifier
A distinct identification number assigned to each resident to ensure records can be reliably identified within the recovery residence organization.

Intake
Formal entry into the recovery residence program.

Temporary exit
A planned exit from the program with intent to return and complete the program.

Departure
An exit from the program without intent to return. A departure may be planned (e.g., a transition from the program to housing in the community) or unplanned (e.g., exit due to non-compliance with house rules).

Rec Cap
Rec Cap is an assessment measuring recovery capital across eight primary domains. VTARR-certified recovery residences will perform Rec Cap assessments and report Overall Recovery Capital scores for each resident. For questions about Rec Cap requirements, please contact VTARR at info@vtarr.org

Substance Use Disorder
The definition of substance use disorder included in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM).

DSM	Diagnostic and Statistical Manual of Mental Disorders
DSU	Vermont Department of Health, Division of Substance Use Programs
MOUD	Medications to treat opioid use disorder
OP/IOP	Outpatient or Intensive Outpatient
RSP	Recovery Safety Plan
SUD	Substance Use Disorder
VDH	Vermont Department of Health
VTARR	Vermont Alliance for Recovery Residences

Data Elements

Recovery residences will submit a record for each person who **departs** the recovery residence. The data elements that make up each person-level record and the organizational data that must accompany the record are included in this section.

All fields are required unless otherwise specified.

Organization Data

Whenever a resident departure is reported it must include the following organization-level data:

1. Recovery residence organization

   The name of the recovery residence organization from which the person departed.

2. Residence name

   The name of the specific residence at the organization from which the person departed. In some cases, the recovery residence organization and residence name may be the same (e.g., an organization has only one residence location of the same name).

3. Recovery residence unique identifier (optional)

   Unique identifier assigned to each resident by the recovery residence. The structure of the unique identifier may vary by organization. *This is an optional field.*

Intake Data

Whenever a resident departure is reported it must include the following intake data:

4. Application date

   The date the resident applied to the program, associated with this departure. Formatted MMDDYYYY.

5. Intake date

   The date the resident entered the program, associated with this departure. Formatted MMDDYYYY.

   - Must be on or after the application date.

6. **Town prior to intake**

   The name of the town the resident was living or staying in prior to entering the residence.

   - Please specify if town is located outside of Vermont.

7. **Return service status**

   Whether the resident has previously received recovery residence services, from the reporting recovery residence organization or elsewhere, in the past.

Values for return service status
Yes
No
Unknown

8. **Primary substance**

   Residents preferred substance prior to entering recovery.

Values for primary substance
Opioids
Alcohol
Stimulants
Cannabis
Other (please specify)

9. **Secondary substance**

   The second substance the resident would have chosen prior to entering recovery, if the preferred substance was not available.

   - If there is no secondary substance to report, then “None” should be selected.

Values for secondary substance
Opioids
Alcohol
Stimulants
Cannabis
Other (please specify)
None

10. Co-occurring SUD and mental health

If the resident has current self-reported mental health issues at time of intake.

- This includes any type of current mental health issue, either treated or untreated.

Values for co-occurring SUD and mental health
Yes
No
Unknown

11. Co-occurring SUD and physical health

If the resident has current self-reported physical health issues at time of intake.

- This includes everything from illness and infection to chronic conditions, such as diabetes, to physical disabilities or injuries.

Values for co-occurring SUD and physical health
Yes
No
Unknown

12. Employment status

Resident employment status at time of intake.

Values for employment status
Disabled
Full time *Working 35 hours or more each week.*
Homemaker
Part time *Working fewer than 35 hours per week.*
Student
Unemployed *Looking for work during the past 30 days or on a layoff from a job.*
Volunteer
Other (please specify)

13. Referral source

Describes the person or agency referring the resident to the recovery residence.

- When there are multiple referrals, report the primary one other than "Self-referral".

Values for referral source
Community Partner (please specify) *Referral from a community organization or any federal, state or local agency within the broader community (e.g., shelters, faith-based organizations, etc.).*
Department of Corrections
Family
MOUD Provider
Outpatient or Intensive Outpatient (OP/IOP) Provider
Other Recovery Residence
Recovery Service or Coach *Referral from a Recovery Center, Peer Recovery Support (e.g., Recovery Coach) or Support Group.*
Residential SUD Treatment
Self-referral
Vermont Helplink
Other (please specify)

14. Medications to treat opioid use disorder (MOUD)

Describes if the resident is receiving MOUD with methadone, buprenorphine, naltrexone or other medications to treat opioid use disorder at the time the resident entered the program.

Values for MOUD
Yes
No
Unknown

15. Resident age

The age of the resident at intake formatted as a whole number.

16. Resident gender

The resident's gender, as defined by the resident.

- Report "Other Gender" category for any resident-reported gender identity other than "Male" or "Female".

Values for resident gender
Female
Male
Other Identity

17. Criminal justice involvement

Resident criminal justice involvement status at time of intake.

Values for criminal justice involvement
Pre-trial *Resident is currently awaiting trial.*
Treatment Court *Resident is involved in a court-ordered treatment program.*
Probation *Resident is involved in court-ordered probation/supervision.*
Parole *Resident is involved in a mandated period of conditional, supervised release.*
Furlough *Resident is involved in a temporary period of release from a correctional facility.*
Diversion *Resident is involved in a diversion (pre-trial/post-arrest) program requiring stay at the recovery residence.*
Not Involved
Other (please specify)

18. Pregnancy status

Resident pregnancy status at the time of intake.

Values for pregnancy status
Yes
No
Unknown
Not applicable (N/A)

19. Parenting minor children

If the resident is parenting children under the age of 18, as defined by the resident.

Values for parenting minor children
Yes
No

20. Children housed at recovery residence

The number of children under age 18 that were housed with the parent formatted as a whole number.

21. Rec Cap score

The Overall Recovery Capital score of the Rec Cap assessment, if completed at intake, formatted as a number from 0-100.

- Report "N/A" if not applicable (i.e., Rec Cap assessment not completed at intake).
- For questions about Rec Cap, please contact VTARR at info@vtarr.org

22. Rec Cap date

The date of the intake Rec Cap assessment, if applicable, formatted MMDDYYYY.

Temporary Exit Data

Whenever a resident departure is reported it must include the following temporary exit data:

23. Temporary exit status

The number of times the resident temporarily exited the program during their stay formatted as a whole number.

- A temporary exit is a planned exit from the program with intent to return and complete the program.
- If the resident was not temporarily exited during the program, report “0”.

24. Temporary exit location

The location where the resident stayed during their *most recent* temporary exit.

- Report "N/A" if not applicable (i.e., the resident did not temporarily exit the program).

Values for temporary exit location
Location identified in Recovery Safety Plan (RSP) *Resident is temporarily exited to a supportive location, e.g., with family or friends, as identified in their RSP.*
Recovery residence-associated bed or apartment *Resident is temporarily exited to a respite space facilitated by the recovery residence.*
Reengagement bed *Resident is temporarily exited to a VDH-funded reengagement (i.e., stabilization) bed.*
Unknown
Other (please specify)
N/A

25. Temporary exit reason

The reason for the resident's *most recent* temporary exit.

- If there are multiple reasons, select the primary reason.
- Report "N/A" if not applicable (i.e., the resident did not temporarily exit the program).

Values for temporary exit reason
Exhibited violent or threatening behavior *Behaviors involving physical force intended to hurt, damage, or kill someone or something and/or intentional behavior which would cause fear of injury or harm, leading to their removal from the residence.*
Legal (e.g. criminal activity, incarceration) *The resident was involved in criminal activity and/or detained or sentenced to jail or prison, resulting in their exit from the residence.*
Non-compliance with house rules *The resident consistently failed to follow established rules and expectations of the residence, such as curfews, substance use policies, or participation in recovery programming.*
Not participating in the program *The resident is not actively participating in required components of the program.*
Return to use *The resident is using alcohol, illicit drugs, or medications without a valid prescription, resulting in their departure from the residence. This could include voluntary departure or a policy-based departure due to relapse. Residents with a valid prescription for medically assisted treatment shall not be removed under this section, even if suspected misuse.*
Other (please specify)
N/A

Departure Data

Whenever a resident departure is reported it must include the following departure data:

26. Final departure date

The date of resident departure from the program formatted MMDDYYYY.

- Departure date must be on or after the intake date.

27. Final departure reason

The reason for resident departure from the program.

Values for final departure reason
Death *The resident passed away while still enrolled in the recovery residence program.*
Decided to leave *The resident made the decision to exit the residence voluntarily, outside of any structured program completion or housing transition.*
Did not return from temporary exit *The resident left with the intention to return (e.g., used Recovery Safety Plan, reengagement bed, etc.) and did not return from temporary exit.*
Exhibited violent or threatening behavior *Behaviors involving physical force intended to hurt, damage, or kill someone or something and/or intentional behavior which would cause fear of injury or harm, leading to their removal from the residence.*
Legal (e.g. criminal activity, incarceration) *The resident was involved in criminal activity and/or detained or sentenced to jail or prison, resulting in their exit from the residence.*
Left to seek a higher level of SUD, mental health, or medical care *The resident departed the residence to seek additional substance use, mental health, or physical health needs that could not be addressed while in the recovery home.*
Non-compliance with house rules *The resident consistently failed to follow established rules and expectations of the residence, such as curfews, substance use policies, or participation in recovery programming.*
Not participating in the program *The resident is not actively participating in required components of the program.*
Overdose *The resident experienced a drug overdose that led to their departure from the residence. This event can include use of harm reduction tools such as Naloxone.*
Return to use *The resident is using alcohol, illicit drugs, or medications without a valid prescription, resulting in their departure from the residence. This could include voluntary departure or a policy-based departure due to relapse. Residents with a valid prescription for medically assisted treatment shall not be removed under this section, even if suspected misuse.*
Transition to housing *The resident successfully completed the program or reached a stage in their recovery where they moved to stable, independent housing outside the recovery residence.*
Asked to leave for another reason (please specify)
Other (please specify)

28. Town at departure

The name of the town the resident plans to live in or stay in after leaving the recovery residence.

- Please specify if town is located outside of Vermont.

29. Employment status

Resident employment status at the time of departure.

Values for employment status
Disabled
Full time *Working 35 hours or more each week.*
Homemaker
Part time *Working fewer than 35 hours per week.*
Student
Unemployed *Looking for work during the past 30 days or on a layoff from a job.*
Volunteer
Other (please specify)

30. Housing status

Resident housing status at time of departure.

Values for housing status
Homeless (unsheltered) *Resident has no fixed address and is not departing to a shelter.*
Other Recovery Residence *Transfer to another recovery residence.*
Permanent Housing *Stable independent or dependent housing outside of the recovery residence.*
Shelter
Temporary Housing *Transitory independent or dependent housing outside of the recovery residence.*
Unknown
With friends/family
Other (please specify)

31. Health insurance status

Resident health insurance status at the time of departure.

Values for health insurance status
Medicaid
Medicare
Other Insurance
No Insurance
Unknown

32. Clinical services or referrals to care

The clinical services the resident received, or was referred elsewhere to receive, while the resident was staying at the recovery residence.

- This includes substance use, mental health and physical health care.
- Select the combination that best applies.

Values for clinical services or referrals to care
Substance use treatment only
Mental health treatment only
Physical health treatment only
Substance use and mental health treatment
Substance use and physical health treatment
Mental health and physical health treatment
Substance use, mental health and physical health treatment
None
Other (please specify)

33. Continued SUD treatment services

If the resident is receiving continued SUD treatment at the time they leave the recovery residence.

Values for continued SUD treatment services
Yes
No
Unknown

34. Connection to recovery support services

If the resident was connected to recovery support services at departure as defined by the resident.

Values for connection to recovery support services
Yes
No
Unknown

35. Positive relationships

Whether or not the resident reports they were able to create new and positive relationships while residing at the recovery residence as defined by the resident.

Values for positive relationships
Yes
No
Unknown

36. Employment services received

If the resident received employment services at any point during their stay.

- Employment services may differ between organizations. Examples include services offered through Hireability and the Vermont Department of Labor.

Values for employment services received
Yes
No

37. Housing voucher received

If the resident received a housing voucher at any point during their stay.

Values for housing voucher received
Yes
No

38. Incentives received

If the resident received incentive(s) at any point during their stay.

- Incentives may differ between organizations.

Values for incentives received
Yes
No

39. Rec Cap score

The Overall Recovery Capital score of the Rec Cap assessment, if completed at departure, formatted as a number from 0-100.

- Report on the *most recent* Rec Cap assessment score if not completed at departure.
- Report "N/A" if not applicable (i.e., Rec Cap assessment not completed during stay).
- For questions about Rec Cap, please contact VTARR at info@vtarr.org

40. Rec Cap date

The date of the *most recent* Rec Cap assessment, if applicable, formatted MMDDYYYY.

Calculated Fields

Whenever a resident departure is reported to DSU it should also include the following calculated fields:

41. Days from initial application to placement

This is a proxy measure for the wait time to enter the recovery residence. Based on the application and intake date reported, the days from initial application to placement should be measured and reported using the following formula:

Intake date – application date = number of days from initial application to placement

42. Length of stay

Based on the intake date and departure date reported, the resident's length of stay should be measured and reported using the following formula:

Final departure date – intake date = length of stay

Process

Roles and responsibilities

Recovery Residences (certified and non-certified)

- Will routinely collect the data elements outlined in this manual for each resident served.
- **Certified** recovery residences will provide a full record of every resident that departs the recovery residence to VTARR, or other designee approved by the Department, per the frequency defined by certification requirements.
- **Non-certified** recovery residences will provide a full record of every resident that departs the recovery residence to DSU per the frequency defined by grant or contract agreements.

VTARR, or other designee approved by the Department

- Will coordinate collection of required data elements from each **certified** recovery residence and regularly report resident departures to DSU per the frequency defined by grant or contract agreements.
- Will coordinate the use of Rec Cap as defined by certification requirements and provide technical assistance.

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- Will collect the required data elements directly from each **non-certified** recovery residence per the frequency defined by grant or contract agreements.
- Will adhere to reporting requirements from the Department to the General Assembly.

Data collection

All recovery residences will be required to routinely collect the data elements outlined in this manual for **each resident** served. The recovery residence will report data at the time of resident departure.

Data elements should not include any Personally Identifiable Information (PII) or Personal Health Information (PHI). Data must be transmitted through secure channels only.

Reporting

Certified recovery residences must report all data elements to VTARR, or another certifying organization approved by the Department, per the frequency required by the grant or contract agreement or certification requirements.

For recovery residence organizations funded by DSU but without recovery residence certification, DSU will collect the required data elements directly from each non-certified recovery residence per the frequency defined by grant or contract agreements.

If changes are made to data at any point after it has been reported, the report must be resent with an indication that there has been an update.

Prior to reporting to VTARR or DSU, data should be assessed for quality using the following parameters:

Quality Assessment	Definition
Accurate	Data are free from errors
Complete	All expected data elements are present
Consistent	Data satisfy the set of definitions or constraints that are outlined in this manual and are maintained in the same manner across each record
Reliable	All individuals collecting data apply the same definitions or constraints to data elements across each record
Timely	Data are available when required

VTARR will coordinate collection of required data elements from each certified recovery residence and regularly report resident departures to DSU per the frequency defined by grant or contract agreements.

Additional Information

The data elements included in this manual are used to determine trends, provide reports to the legislature, press, and stakeholders, determine the effectiveness of programming, and support funding decisions. Provision of accurate and timely data is essential to informing the strategic initiatives undertaken by the State.

For more information, please contact AHS.VDHDSU@vermont.gov

Data Element Summary

Data Element	Definition	Type	Value(s)
Organization			
Recovery residence organization	The name of the recovery residence organization from which the person departed.	Text	Organization name
Residence name	The name of the specific residence at the organization from which the person departed. In some cases, the recovery residence organization and residence name may be the same (e.g., an organization has only one residence location of the same name).	Text	Residence name
Recovery residence unique identifier *optional*	Unique identifier assigned to each resident by the recovery residence. The structure of the unique identifier may vary by organization.	Text	Unique identifier
Intake			
Application date	The date the resident applied to the program, associated with this departure.	Date	MMDDYYYY
Intake date	The date the resident entered the program, associated with this departure. Must be on or after the application date.	Date	MMDDYYYY
Town prior to intake	The name of the town the resident was living or staying in prior to entering the residence. Please specify if town is located outside of Vermont.	Text	*e.g., "Waterbury" or "Lebanon, NH"*
Return service status	Whether the resident has previously received recovery residence services, from the reporting recovery residence organization or elsewhere, in the past.	Text (Choice)	Yes, No, Unknown
Primary substance	Residents preferred substance prior to entering recovery.	Text (Choice)	Opioids, Alcohol, Stimulants, Cannabis, Other (please specify)
Secondary substance	The second substance the resident would have chosen prior to entering	Text (Choice)	Opioids, Alcohol, Stimulants, Cannabis, Other (please specify)

	recovery, if the preferred substance was not available. If there is no secondary substance to report, then “None” should be selected.		
Co-occurring SUD and mental health	If the resident has current self-reported mental health issues at time of intake. This includes any type of current mental health issue, either treated or untreated.	Text (Choice)	Yes, No, Unknown
Co-occurring SUD and physical health	If the resident has current self-reported physical health issues at time of intake. This includes everything from illness and infection to chronic conditions, such as diabetes, to physical disabilities or injuries.	Text (Choice)	Yes, No, Unknown
Employment status	Resident employment status at time of intake.	Text (Choice)	Disabled, Full time, Homemaker, Part time, Student, Unemployed, Volunteer, Other (please specify)
Referral source	Describes the person or agency referring the resident to the recovery residence. When there are multiple referrals, report the primary one other than "Self-referral".	Text (Choice)	Community Partner (please specify), Department of Corrections, Family, MOUD Provider, Outpatient or Intensive Outpatient (OP/IOP) Provider, Other Recovery Residence, Recovery Service or Coach, Residential SUD Treatment, Self-referral, Vermont Helplink, Other (please specify)
Medications to treat opioid use disorder (MOUD)	Describes if the resident is receiving MOUD with methadone, buprenorphine, naltrexone or other medications to treat opioid use disorder at the time the resident entered the program.	Text (Choice)	Yes, No, Unknown

Resident age	The age of the resident at intake.	Number	Whole number
Resident gender	The resident's gender, as defined by the resident. Report "Other Gender" category for any resident-reported gender identity other than "Male" or "Female".	Text (Choice)	Female, Male, Other Identity
Criminal justice involvement	Resident criminal justice involvement status at time of intake.	Text (Choice)	Pre-trial, Treatment Court, Probation, Parole, Furlough, Diversion, Not Involved, Other (please specify)
Pregnancy status	Resident pregnancy status at the time of intake.	Text (Choice)	Yes, No, Unknown, Not applicable (N/A)
Parenting minor children	If the resident is parenting children under the age of 18, as defined by the resident.	Text (Choice)	Yes, No
Children housed at recovery residence	The number of children under age 18 that were housed with the parent.	Number	Whole number
Rec Cap score*	The Overall Recovery Capital score of the Rec Cap assessment, if completed at intake, formatted as a number from 0-100. Report "N/A" if not applicable (i.e., Rec Cap assessment not completed at intake).	Number	Number in range 0-100
Rec Cap date*	The date of the intake Rec Cap assessment, if applicable.	Date	MMDDYYYY
Temporary Exit			
Temporary exit status	The number of times the resident temporarily exited the program during their stay formatted as a whole number. A temporary exit is a planned exit from the program with intent to return and complete the program. If the resident was not temporarily exited during the program, report "0".	Number	Whole number

Temporary exit location	The location where the resident stayed during their most recent temporary exit. Report "N/A" if not applicable (i.e., the resident did not temporarily exit the program).	Text (Choice)	Location identified in Recovery Safety Plan (RSP), Recovery residence-associated bed or apartment, Reengagement bed, Unknown, Other (please specify), N/A
Temporary exit reason	The reason for the resident's most recent temporary exit. If there are multiple reasons, select the primary reason. Report "N/A" if not applicable (i.e., the resident did not temporarily exit the program).	Text (Choice)	Exhibited violent or threatening behavior, Legal (e.g. criminal activity, incarceration), Non-compliance with house rules, Not participating in the program, Return to use, Other (please specify), N/A
Departure			
Final departure date	The date of resident departure from the program. Departure date must be on or after the intake date.	Date	MMDDYYYY
Final departure reason	The reason for resident departure from the program.	Text (Choice)	Death, Decided to leave, Did not return from temporary exit, Exhibited violent or threatening behavior, Legal (e.g., criminal activity, incarceration), Left to seek a higher level of SUD, mental health, or medical care, Non-compliance with house rules, Not participating in the program, Overdose, Return to use, Transition to housing, Asked to leave for another reason (please specify), Other (please specify)
Town at departure	The name of the town the resident plans to live in or stay in after leaving the recovery residence.	Text	*e.g., "Waterbury, VT"*

	Please specify if town is located outside of Vermont.		
Employment status	Resident employment status at the time of departure.	Text (Choice)	Disabled, Full time, Homemaker, Part time, Student, Unemployed, Volunteer, Other (please specify)
Housing status	Resident housing status at time of departure.	Text (Choice)	Homeless (unsheltered), Other Recovery Residence, Permanent Housing, Shelter, Temporary Housing, Unknown, With friends/family, Other (please specify)
Health insurance status	Resident health insurance status at the time of departure.	Text (Choice)	Medicaid, Medicare, Other Insurance, No Insurance, Unknown
Clinical services or referrals to care	The clinical services the resident received, or was referred elsewhere to receive, while the resident was staying at the recovery residence. This includes substance use, mental health and physical health care. Select the combination that best applies.	Text (Choice)	Substance use treatment only, Mental health treatment only, Physical health treatment only, Substance use and mental health treatment, Substance use and physical health treatment, Mental health and physical health treatment, Substance use, mental health and physical health treatment, None, Other (please specify)
Continued SUD treatment services	If the resident is receiving continued SUD treatment at the time they leave the recovery residence.	Text (Choice)	Yes, No, Unknown
Connection to recovery support services	If the resident was connected to recovery support services at departure as defined by the resident.	Text (Choice)	Yes, No, Unknown
Positive relationships	Whether or not the resident reports they were able to create new and positive relationships while residing at	Text (Choice)	Yes, No, Unknown

	the recovery residence as defined by the resident.		
Employment services received	If the resident received employment services at any point during their stay. Employment services may differ between organizations. Examples include services offered through Hireability and the Vermont Department of Labor.	Text (Choice)	Yes, No
Housing voucher received	If the resident received a housing voucher at any point during their stay.	Text (Choice)	Yes, No
Incentives received	If the resident received incentive(s) at any point during their stay. Incentives may differ between organizations.	Text (Choice)	Yes, No
Rec Cap score*	The Overall Recovery Capital score of the Rec Cap assessment, if completed at departure, formatted as a number from 0-100. Report on the most recent Rec Cap assessment score if not completed at departure. Report "N/A" if not applicable (i.e., Rec Cap assessment not completed during stay).	Number	Number in range 0-100
Rec Cap date*	The date of the most recent Rec Cap assessment, if applicable.	Date	MMDDYYYY
Calculated Fields			
Days from initial application to placement	Based on the application and intake date reported, the days from initial application to placement should be measured and reported. This is a proxy measure for the wait time to enter the recovery residence.	Formula	Intake date – application date = number of days from initial application to placement
Length of stay	Based on the intake date and departure date reported, the resident's length of stay should be measured and reported.	Formula	Final departure date – intake date = length of stay

* For questions about Rec Cap, please contact VTARR at info@vtarr.org