



**Behavioral Health Recovery Program  
Recovery Support Services  
Supported Recovery Housing Services  
Change of Approved Site Location Form**

This form is to be completed by the contracted SRHS vendor when a client authorized by ABH® has moved to another location during the authorized time period. **This form must be faxed to BHRP-RSS at 1-866-249-8766.**

Early departures and no shows are to be reported through discharges in the BHRP online system.

**Change of Approved Site Location**

Name of Client: \_\_\_\_\_

Name of Provider: \_\_\_\_\_

Old Site Address: \_\_\_\_\_

New Site Address \_\_\_\_\_

Date of location change: \_\_\_\_\_

Completed by: \_\_\_\_\_