

## New Hampshire Department of Health and Human Services Room and Board for Individuals with Opioid and/or Stimulant Use Disorders

## Appendix D

## **Requested Number of Bed Nights**

Name of Agency	
Total number of bed nights requested.	
<b>Total amount of funding requested.</b> [equal to total number of bed nights requested multiplied by \$100 (per night bed amount)]	\$