



Application for NARR Affiliation For state or regional associations of recovery residences

If more space is needed to answer a specific question, please use a separate sheet and number the answer according to its item number below. Application forms may be scanned and emailed to info@narronline.org. Application material sent by postal or express mail should be addressed to:

National Alliance for Recovery Residences
569 Selby Ave.
St. Paul, MN 55102

Section 1: Organizational Information

- 1. Name of organization:
- 2. Organization type: nonprofit org. unincorporated group part of other nonprofit other
- 3. State of organization or incorporation:
- 4. Year founded:
- 5. Service area:

Contact information:

- 6. Principal business address:
- 7. Mailing address (if different):
- 8. Principal contact person, title:
- 9. Contact phone:
- 10. Contact email:
- 11. Website:

Provider organizations, residents and resident capacity

- 12. Number of recovery residence provider members:
- 13. Approximate total number of recovery residences operated by members:

Approximate residences and capacity by level of service (see Attachment 1 for a description of levels of support):

| Level of support | Residences | Capacity (beds) |
|------------------|------------|-----------------|
| 14. Level 1 | | |
| 15. Level 2 | | |
| 16. Level 3 | | |
| 17. Level 4 | | |

- 18. Number of organization employees:

19. Approximate organization expenditures, latest fiscal year:

20. Does this organization operate one or more recovery residence(s) or behavioral health program(s) in its own name? yes no

21. If yes, please describe:

22. Please describe this organization's significant accomplishments during the past 12 months:

23. What are this organization's major planned activities and projects for the next 12 months?

Section 2: Organization management and governance

24. Describe this organization's governance and leadership structure:

25. Describe the members' role in the organization's governance (election of officers, participation on committees, participation at meetings, rights to introduce and to vote on member initiatives, etc.):

26. Frequency of membership meetings:

Section 3: Standards, codes of ethics, dispute resolution

27. Does this organization maintain formal standards for the operation of recovery residences? yes no

28. Does this organization promote a code of ethics to which all members subscribe, or does it have equivalent ethics provisions in its existing standards? has formal Code of Ethics has equivalent does not have

29. Does this organization intend to adopt the NARR Standard for Recovery Residences? yes no

30. Do formal processes exist for membership application and renewal? yes no

31. Is provider/member status reviewed at least every 2 years? yes no

32. Describe this organization's process for resolving complaints from residents and the public about member residences.

Section 4: Membership and financial records

33. How are membership records maintained?

34. Describe your financial record keeping and reporting practices:

35. How is financial information disseminated to the membership?

36. Do members have the right to review your organization's financial records? yes no

Section 5: Support for NARR activities and mission

37. Is this organization willing to participate in NARR activities and programs? yes no

38. Is this organization willing and able to support NARR-sponsored research initiatives? yes no

39. Does this organization intend to conform to all NARR affiliate requirements? yes no

40. Does this organization agree to cooperate with NARR to resolve complaints NARR receives about the affiliate or about its individual members? yes no

Section 6: Affiliate fees

You will receive an invoice once we receive your application. Fees include \$350 for application processing, plus an annual administrative support fee of \$1 per bed, up to a maximum assessment level of 1,000 beds. Invoices will be based on the membership, residence and capacity information you provide on this application. ***If you believe that your membership base is likely to change significantly in the near future***, please contact us at info@narronline.org.

Certification

I certify that this application is supported by this applicant organization, and that the organization has authorized me to submit this application on its behalf.

Signature

41. Name:

42. Title:

43. Date: