



Application for NARR Affiliation For regional associations of recovery residences

If you need more space for answers to application questions, please feel free to use a separate sheet. Application forms may be emailed to info@narronline.com. Application material sent by postal or express mail should be addressed to:

National Association of Recovery Residences
5456 Peachtree Boulevard, Suite #431
Atlanta, GA 30341

Section 1: Organizational Information

Name of organization:

Organization type:

State of organization or incorporation:

Year founded:

Service area:

Contact information:

- Principal business address:
- Mailing address (if different):
- Principal contact person, title:
- Contact phone:
- Contact email address:

Website address:

Provider organizations, residents and resident capacity

- Number of recovery residence provider organization members:
- 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)
Level 1		
Level 2		
Level 3		
Level 4		

- Approximate total resident capacity:

Number of association employees:

Approximate association expenditures, latest fiscal year:

Does this organization operate any recovery residence(s) or behavioral health program(s) in its own name?

If yes, please describe:

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

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

Section 2: Organization management and governance

Describe this organization's governance and leadership structure:

Describe 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.):

Frequency of membership meetings:

Section 3: Standards, codes of ethics, dispute resolution

Does this organization maintain formal standards for the operation of recovery residences?

Does this organization maintain a code of ethics to which all members subscribe, or does it have equivalent ethics provisions in its existing standards?

Does this organization intend to adopt the NARR standards when approved by the NARR board?

Do formal processes exist for membership application and renewal?

Is provider/member status reviewed at least biannually?

Does this organization have a defined process for resolving complaints from residents and the public about member residences? If yes, briefly describe:

Section 4: Membership and financial records

How are membership records maintained?

Describe your financial record keeping and reporting practices:

How is financial information disseminated to the membership?

Do members have the right to inspect your organization's financial records?

Section 5: Support for NARR activities and mission

Is this organization willing to participate in NARR activities and programs?

Is this organization willing and able to support NARR-sponsored research initiatives?

Is this organization willing and able to contribute financially to the operation of NARR by payment of applicable annual affiliate fees?

Does this organization intend to conform to affiliate requirements which are enacted by NARR for adoption by its affiliates?

Does this organization agree to cooperate with NARR in efforts to resolve complaints received by NARR about the affiliate or about its individual members?

Section 6: Affiliate fees

Total annual affiliate fees (from Attachment 2 worksheet):

Fee payment included with this application:

(At least half of the annual fee is due upon application. The balance is due 90 days from date of application approval.)

Certification

I certify that this application is supported by the applicant organization named above, and that it has delegated to me the authority to submit this application on its behalf.

Signature

Name:

Title:

Date: