



Certification Application

Certification is based on Standards 3.0 created by the National Alliance for Recovery Residences.

Legal Name of Organization _____

Address _____

Phone Number _____ E-Mail _____

Certification Level Requested _____ Number of Beds _____ Number of Locations _____

Recovery Residence Location(s) Information _____

Required Documentation

- Checklist of required documentation items including Mission and Vision Statement, Insurance(s), Personnel Policies, etc.

I have included payment of \$250 made out to VTARR (per location) and certify that this application and accompanying materials are supported by the applicant organization, that I am an authorized signer, and I attest that the information submitted is true and complete.

Name (print): _____ Recovery Residence Organization: _____

Signature: _____ Date: _____





Required Attestations

It is understood by the representative(s) of this organization seeking certification with the Vermont Alliance for Recovery Residences (VTARR) that VTARR is **not** responsible for checking local or state codes for compliance. Responsibility for meeting local, state, and federal laws and codes lies with the owner/operator and said organization assumes all liabilities for any misrepresentations.

The undersigned attests that the organization and listed residences meets the following as required by each residence:

1. The organization requesting association with VTARR is a legally recognized entity within the state of Vermont and meets all legal expectations of such entities: reporting, maintaining records, providing financial data, etc.
2. The organization has a Federal Tax Identification Number, an Employee Identification Number (EIN) that is recognized by the Internal Revenue Service (IRS) of the United States Government
3. The organization requesting association with VTARR maintains policies and procedures that ensure staff are appropriately certified or credentialed for work being performed
4. The individual residences to be listed with VTARR meet all federal, state and local requirements and ordinances; including but not limited to building codes required for residential or institutional buildings
5. Any bedrooms within the individual residences to be listed have appropriate egresses meeting building code
6. The organization attests to compliance with all federal, state and local fair housing requirements and maintains a process for considering any requests for reasonable accommodations
7. The residences to be listed with VTARR are regularly inspected by official fire inspectors and meet all expectations of said inspectors, including documenting fire extinguisher inspections and recording fire drills (where required)
8. The residences have electrical, mechanical and structural components that are functioning and free from fire and safety hazards
9. The residences meet the expectations of all legally authorized inspection agencies (elevators, automated security systems, etc.), and management can produce documentation in support of such assertions upon request
10. The organization maintains an accounting system and annual budget adequate for effective program management and meeting mandated reporting requirements
11. The organization maintains appropriate record-keeping systems for employees and residents, including any legally required criminal background checks
12. The organization maintains minutes from their Board of Directors meetings that are documented and kept on file
13. The organization maintains appropriate homeowners/renters and liability insurance
14. The organization has written policies and procedures that comply with applicable confidentiality laws
15. The organization attests that the residence(s) meets local health, safety codes appropriate to the type of occupancy
16. The organization attests that all claims made in marketing materials and advertising are honest and substantiated and do not contain any of the following: false or misleading statements or unfounded claims or exaggerations; testimonials that do not reflect the real opinion of the involved individual; price claims that are misleading; therapeutic strategies for which licensure and/or counseling certifications are required but not applicable at the site; or misleading representations of outcomes
17. The organization agrees to display the VTARR Complaint and Concern poster at each residence and cooperate with any inquiries or investigations

I hereby assert that the organization meets all requirements above as well as any other requirements required by law or code for my location.

Typed (or printed) name of authorized representative: _____

Signature of authorized representative: _____ Date: _____





Code of Ethics

All persons working in NARR Affiliate organizations, (recovery residence owners, operators, staff and volunteers) are expected to adhere to the following Code of Ethics: It is the obligation of all recovery residence owners/operators and staff to value and respect each resident and to put each individual's recovery and needs at the forefront of all decision making. To meet this obligation, we adhere to the following principles:

1. Assess each potential resident's needs, and determine whether the level of support available within the residence is appropriate. Provide assistance to the resident for referral in or outside of the residence.
2. Value diversity and non-discrimination.
3. Provide a safe, homelike environment that meets NARR Standards.
4. Maintain an alcohol- and illicit-drug-free environment.
5. Honor individuals' rights to choose their recovery paths within the parameters defined by the residence organization.
6. Protect the privacy and personal rights of each resident.
7. Provide consistent and uniformly applied rules.
8. Provide for the health, safety and welfare of each resident.
9. Address each resident fairly in all situations.
10. Encourage residents to sustain relationships with professionals, recovery support service providers and allies.
11. Take appropriate action to stop intimidation, bullying, sexual harassment and/or otherwise threatening behavior of residents, staff and visitors within the residence.
12. Take appropriate action to stop retribution, intimidation, or any negative outcome that could occur as the result of a complaint.
13. Provide consistent, fair practices for drug testing that promote the residents' recovery and the health and safety of the recovery environment and protect the privacy of resident information.
14. Provide an environment in which each resident's recovery needs are the primary factors in all decision making.
15. Promote the residence with marketing or advertising that is supported by accurate, open and honest claims.
16. Decline taking a primary role in the recovery plans of relatives, close friends, and/or business acquaintances.
17. Sustain transparency in operational and financial decisions.
18. Maintain clear personal and professional boundaries.
19. Operate within the residence's scope of service and within professional training and credentials.
20. Maintain an environment that promotes the peace and safety of the surrounding neighborhood and the community at large.

The Code of Ethics must be read and signed by all those associated with the operation of the recovery residence: recovery residence owners, operators, staff and volunteers.

Individuals subject to this code are obligated to report unethical practices according to the reporting rules set forth by the affiliate.

In signing the following, I affirm that I have read, understand and agree to abide by this Code of Ethics.

Name (print): _____ Recovery Residence Organization: _____

Signature: _____ Date: _____

NARR Affiliate: Vermont Alliance for Recovery Residences (VTARR)

