



APPLICATION FOR MARR CERTIFICATION

A. Organizational Information

Legal Name of Organization: _____

Doing Business As/Assumed Name: _____

Organization Type (e.g. LLC; corporation, sole proprietorship): _____

State of Incorporation or Organization: _____

Year Founded: _____

Service Area: _____

Contact Information:

- Principal business address: _____
- Mailing address (if different): _____
- Principal contact person, title: _____
- Contact phone, daytime: _____*
- Contact phone, evenings: _____*
- Contact email address: _____*
- Website address: _____

*This phone number, e-mail address and service area will be displayed publicly once provider is certified as in compliance. Physical location or street address will *not* be displayed.

Level of support based upon NARR standards:

Level 1 _____

Level 2 _____

Level 3 _____

Level 4 _____

Does your Agency offer the same Level of services to all of it's homes/addresses?

Yes _____ No _____.



If No, please explain: _____

Number of employees\staff: _____

Number of Paid employees/staff: _____

Number of Volunteer employees/staff? _____

Does this organization maintain formal written standards, rules or policy for the operation of its recovery residence(s)? Yes ___ No ___ (Please attach)

Is this organization willing to adopt the NARR standards, as revised: YES ___ No ___?

Does this organization maintain a code of ethics to which all staff/ employees subscribe? Yes ___ No ___ (if yes please attach)

Does this organization have a defined process for resolving complaints from residents and the public about the organization's recovery residence(s)? Yes ___ No ___ (if yes please attach)

Briefly describe this organization's governance and leadership structure:



B. Number of Recovery Residences Operated

Please list the total number of recovery residences operated by the organization in the State of Michigan including each physical address. Please attach a separate sheet for each individual home/address answering the following questions:

Physical address _____

State of Michigan license number (if any) _____

CARF/JAYCO accreditation number (if any) _____

Number of bedrooms _____

Square footage of each bedroom: _____

Number of beds in each bedroom _____

Number of bathrooms (full _____ half _____)

Is this home a Men's or Woman's residence? _____

Program fees/rent: _____

Priority population(e.g. LGBT, Tribal;) _____

Meals provided? _____

Client funds managed? _____

Home photos: _____

Medication Assisted Recovery/Treatment(MAT) residents accepted?: _____

If not willing to accept MAT residents, describe nondiscriminatory rationale/explanation for inability to accept MAT residents: _____



C. Support for MARR & NARR

Is this organization willing to participate and support MARR\NARR-sponsored research initiatives? Yes ___ No ___

It is the expectation that all MARR Certified Programs/Organizations cooperate with MARR\NARR in efforts to resolve any complaints received by MARR or NARR about your agency.

MARR’s current dues structure (As of 11.01.2018) is an initial fee of \$300 for each recovery residence/address having 16 or less beds, which includes Certification with MARR and the initial inspection. Dues after the initial application year are \$150.00 per year per address/residence. After the initial inspection has taken place, a \$35 fee will be incurred for each inspection required of the recovery residence other than the annual inspection. Make all checks/money orders payable to: “MARR” or “Michigan Association of Recovery Residences.”

D. Items to Send Along with Application

- 1) All documentation that supports the Level of NARR standards noted on Pg. 1.
- 2) Company/Cashier Check or Money Order for the total number of address’s/locations.
- 3) General Liability Insurance is a requirement and it must list “MARR” as additional insured.
- 4) Code of Ethics used by your entity

Please note that all supporting documentation and payment must be received before an inspection will be scheduled. Please sign below and forward everything to “MARR” at the following address:

Address: 370 Country Club Rd Suite B
Holland, MI 49423

Contact: Jeffery W. Van Treese

Phone number: (616) 312-2100

Fax number: (616) 393–2182

Visit us at our website: Michiganarr.com

Name of Applicant

Date

By:



Any changes to your organization, homes or addresses after your Certification must be reported within 30 days of change. Example: Any closures or opening of new locations, new contact information, etc.