



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/s: _____

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 the provider is certified and in compliance. Physical locations or street addresses **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 its homes/addresses? Yes ____ No ____.

If No, please explain: _____



Total number of Homes/Residences that hold recovery beds: _____

Total number of employees/staff: _____

Number of paid employees/staff: _____

Number of volunteer employees/staff: _____

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

Briefly describe this organization's governance and leadership structure:

Have you or any organization you've been associated with ever been charged or convicted of Medicaid Fraud or Abuse? Yes ___ No ___ If yes, please explain.

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: _____

Please initial stating that each bedroom abides by the following standard: (Minimum: 75 sq. ft. for (1) one person, 50 sq. ft. for each person if (2) or more are in the room). Initial _____

Number of beds in home: _____



Number of bathrooms: Full bath _____ Half bath _____

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

Program Fees/Rent per week/month: _____

Priority Population (e.g. LGBT, Tribal, etc.): _____

Medication Assisted Treatment (MAT) Residents accepted? Yes _____ No _____

If no, describe nondiscriminatory rationale/explanation for inability to accept MAT residents:

C. Additional Items Required

- 1) All documentation that supports your Level of NARR Standards (Level 1, 2, 3, or 4) ***must be attached and uploaded on the MARR website.***
- 2) Company/Cashier Check or Money Order for the total number of address's/locations ***must be attached to your application.***
- 3) General Liability Insurance that ***must list "MARR" as additional insured.*** Along with the document from your insurance company that lists **all** of the recovery home locations that are insured under your policy.
- 4) A current background check (within the last 12 months) from "ICHAT" or any other entity that can complete a similar background check on all owners, directors and chief financial officers that handle the day-to-day operations of your organization (not to include an unpaid house manager/resident residing in the home) ***must be attached to your application.***

I understand that 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 and I am willing to participate and support MARR\NARR-sponsored research initiatives. Initial _____

I understand that MARR has the right and option of completing confidential client interviews during or after a certification process. Initial _____

I understand that along with the annual site-review MARR may conduct an unannounced site visit at any time and for any reason, or for no reason at all, at MARR's discretion. Initial _____



MARR’s current dues structure is a fee of \$300 for each recovery residence/address having 16 or less beds, which includes Certification with MARR and the initial site review. After the initial inspection has taken place, a \$100 fee will be incurred for each site review required of the recovery residence other than the annual site review. All checks/money orders are to be made payable to: “MARR” or “Michigan Association of Recovery Residences.”
*Please note that as of 8.1.19 the annual fee will increase to \$400 for each recovery residence/address.

Please note that all supporting documentation and payment must be received before your site review will be scheduled.
***Any changes to your Organization, homes/addresses after your application or Certification must be reported within 30 days of change. Example: Any closures, or opening of new locations, new contact information, etc.**

Contact: Jeffery W. Van Treese, President

Address: Michigan Association of Recovery Residences

370 Country Club Rd Suite B, Holland, MI 49423

Email: jvantreese@micharr.com

Phone number: (616) 312-2100

Fax number: (616) 393-2182

MARR website: www.michiganarr.com

Signature of Applicant: _____ Date: _____

Printed Name: _____