



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 of it's 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: _____

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

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. If no, utilize the MARR Code of Ethics).

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 (Minimum: 75 sq. ft. for (1) one person, 50 sq. ft. for each person if (2) or more room). _____

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.): _____

Are meals provided? Yes _____ No _____

Are client funds managed? Yes _____ No _____

Home Photos? (If yes, please attach with application): Yes _____ No _____

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

If No, 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 01.01.2017) 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. Certification fees 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. All checks/money orders are to be made payable to: “MARR” or “Michigan Association of Recovery Residences.”

D. Items Required, Along with Application

- 1) All documentation that supports the Level of NARR standards noted on Pg. 1 needs to be ***attached and uploaded on the MARR website.***
- 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.***

Please note that all supporting documentation and payment must be received before an inspection 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.**

Address: Michigan Association of Recovery Residences
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**

Signature of Applicant: _____ Date: _____

Printed Name: _____