

MEMBERSHIP APPLICATION

There are many Recovery Residences throughout Virginia. Many provide safe, ethical, and nurturing housing for the populations they serve. There are some, however; that do not. VARR approved houses demonstrate adherence to a rigorous set of standards. Compliance is affirmed through submission of extensive documentation, annual onsite inspections, participation in sponsored training, and events and responsiveness to all reported concerns and/or grievances. VARR approved houses demonstrate adherence to a rigorous set of standards that is produced at the National level through NARR. National Standards can be reviewed at NARRonline.org

Levels of Support as defined by the National Alliance of Recovery Residences:

Level One Houses – Peer Run

- Offer solely drug screenings and house meetings
- Are generally single-family residences
- Have No paid positions within the residence

Level Two Houses – Monitored

- Also offer involvement in self help services and peer run groups
- Could possibly be apartments or other dwelling types
- Have at least one compensated person

Level Three Houses – Supervised

- Also offer in-house service hours and life skills development emphasis
- Vary in housing type and residential setting
- Have a facility manager and certified staff or case managers

Level Four Houses – Service Provider

- Also offer in-house clinical services and programming
- Are various in type and may be a more institutional environment
- Have a credentialed staff

Application:

1. Complete VARR's Membership Application and return to VARR Chairman David Rook. The application can be emailed to David Rook at davidrook3612@gmail.com 804.690.2204 or the Executive Director Kate Gilreath at kate.gilreath@gmail.com 804.237.4011.

2. Once your house passes inspection, be prepared to pay the inspector your annual membership fee of \$500.00 a year. There is a \$50.00 payment for every additional house. Check can be made payable to VARR. Inspection fee is included with yearly membership. If the housing is located outside of a 50 mile radius from Richmond, an additional travel fee for the inspector will be required and dependent on the location of the inspection.
3. If you do not pass inspection, you will have one month to address the items that did not pass inspection; VARR will conduct a follow up inspection at that time.
4. After passing inspections and membership fees paid, your organization will be provided with a VARR member certificate, as well as a high-res VARR logo to put on your website. Each house will be provided with an inspection certificate to display.

MEMBERSHIP APPLICATION

New Member

Existing Member Renewal Reinstate Membership

Date ____/____/____

MEMBERSHIP APPLICATION

Section I: Recovery Residence Information (please submit one application per residence)

Residence name: _____

Residence address: _____

City: _____ State: ____ ZIP: _____

Residence is owned by applicant/member leased from third party leased from person or entity related to applicant/member

If applicable, do you have written permission from the owner of record to operate a Recovery Residence on their property? __ yes __ no

Date residence established _____

Type of structure: single family detached house Apartment building One or more apartment units Condominium unit(s) duplex or triplex Other:

Number of bedrooms: _____ Number of bathrooms: _____ Other available space:

Resident capacity: _____

Serving: Men Women Women with Children Co-ed Men with Children

Other population (list here): _____

Level of recovery support (1-4, as listed on page 1): _____

Resident fees: Basic monthly \$ _____ More than one fee for accommodations in this residence? yes no

Is food included as part of resident fees? yes no

Section II: Member Information (information on the organization or individual operating this residence)

Member/applicant name: _____

Type of organization: corporation partnership limited liability company (LLC) sole proprietorship

nonprofit corporation non profit-other unincorporated entity other

Member/applicant business address:

City: _____ State: _____ ZIP: _____

Website address: _____

Does applicant own or operate a licensed alcohol & drug or mental health program or facility? Yes

No

If yes, name of licensed program(s) or facility(ies):

Number of recovery residences operated by this organization: _____

Are you willing to fully participate in VARR and their activities?

Yes

No

Have you read and agree to fully comply with VARR standards as set by the National Alliance at NARRonline.org?

Yes No

Please provide your mission and vision statement:

Mission:

Vision:

Do you have a written code of ethics? __ yes __ no

Do you have general liability insurance? __ yes __ no

Do you comply with all State and Federal requirements? __ yes __ no (**If required**, documents such as licenses and certificates of occupancy are visible for public view)

Do you maintain an accounting system that fully documents all resident financial transactions such as fees, payments and deposits? __ yes __ no

Do you collect and report accurate process and outcome data for continuous quality improvement? __ yes __ no

Do you adhere to applicable confidentiality laws? __ yes __ no

Do you keep resident records secure with access limited to authorized staff only? __ yes __ no

Do you have a grievance policy and procedure for residents? __ yes __ no

Do you abide by all local building and fire safety codes? __ yes __ no

Section III: Contact Information

Principal business contact for this member organization:

Name: _____ Position title or duties: _____
Principal contact phone: () _____
- _____ Principal contact email: _____

Responsible person for this residence (Manager, senior resident, peer leader, house captain or equivalent):

Name: _____ Position title or duties: _____
Responsible person phone: () _____
- _____ Responsible person email: _____

Section IV: Applicant affidavit and signature

I hereby attest that the above information is true and complete, and that I am authorized to execute this application on behalf of the applicant. Applicant hereby requests membership in the Virginia Association of Recovery Residences.

_____ Date ____/____/____ (Signature)
legal representative of applicant

Name (please type or print)

Further, I have fully read, understand, and agree to abide by the VARR Code of Ethics (document included in this application packet).

_____ Date ____/____/____ (Signature)
legal representative of applicant