

Kentucky Recovery Housing Certification Application

Initial Certification

Recertification

Owner/Operator Information

Organization Name: _____

Organization Address: _____

Name of Primary Contact Person for Application: _____

Primary Contact Email: _____ Primary Contact Phone: _____

Mission Statement of Organization:

Vision Statement of Recovery Housing Program:

Residence Information

Provide the name, address, and phone number of the residence for which you are applying. If you are applying for more than one residence, please indicate "yes" at the end of this section.

Name of Residence: _____ Phone number: _____

Address of Residence: _____

How many bedrooms does the residence have?

Does each bedroom have at least 50 square feet per person? Yes No Not sure

How many full bathrooms (sink, shower, toilet) does the residence have? _____

Is there at least one full bathroom for each six (6) residents? Yes No

What is the maximum number of residents expected to live in the residence? _____

- Population served? Men Women
- Coed Men w/children
- Women w/children Other: _____

Please describe the level of support provided in the residence:

What, if any, services are provided by the residence?

Does the residence have paid staff? Yes No If so, how many? _____

Do staff live onsite? Yes No

Using the National Alliance of Recovery Residences (NARR) levels summary chart, based on level of support, staffing, and services provided, what NARR level do you think that the residence would be?

- NARR Level 1
- NARR Level 2
- NARR Level 3
- Not sure

Have you or your organization had a revocation or surrender of a prior license, certificate, or approval issued within the previous five (5) years from any in-state or out-of-state provider? Yes No

*If yes, please provide any associated deficiency reports or compliance records with this application.

Have you or the program, corporation, or provider previously or currently associated with this application, surrendered or defaulted on its license, certificate, or approval, within the previous five (5) years, for reasons related to disciplinary action and the nature of the disciplinary action? Yes No

*If yes, please explain:

Please list the names of any individual employee, staff member, peer, or volunteer currently associated with the applicant who has had a professional license or certification revoked or suspended or has surrendered a professional license or certification for reasons related to disciplinary action or misconduct, or been convicted of a felony, within the previous ten (10) years, and the nature of the disciplinary action or misconduct or felony:

Do you want to apply for certification for another residence? Yes No

If yes, please provide residence information for each location requiring certification.