Virginia Department of Behavioral Health & Developmental Services

APPLICATION FOR INCLUSION ON THE DBHDS RECOVERY RESIDENCES CERTIFICATION LIST

IMPORTANT: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION

In accordance with HB2045, all residential facilities considered as a "certified recovery residence" must be certified with an approved credentialing entity and be on the certification list maintained by the Virginia Department of Behavioral Health. Enclosed you will find an application which must be completed by any applicant seeking to become a certified recovery residence. **A separate application is required for each service site location.**

"**Recovery Residence"** *means a housing facility that provides alcohol-free and illicit-drug-free housing to individuals with substance abuse disorders and individuals with co-occurring mental illnesses and substance abuse disorders that does not include clinical treatment services.*

Please type or print legibly all required information. Failure to fill in required information or provide supporting documentation will delay the application being processed until all required information is received. Please retain a copy of the application and attachments for your files. Return Completed Application to:

Mail: Virginia Certification of Recovery Residences
Department of Behavioral Health and Developmental Services
1220 Bank Street
Richmond, VA 23219

Email: vcorr.info@dbhds.virginia.gov
Fax: (XXX) XXX-XXXX

Should you have any questions, please contact the Office of Recovery Services at (XXX) XXX-XXXX

Certification of Recovery Residences Application

A Certificate of Compliance is issued once your application is approved and the recovery residence has passed a site inspection conducted by a designated credentialing entity. **The certification is valid for one (1) year from the date of issuance.** Each applicant is required to submit additional documents to accompany this application**.** Please refer to the Documentation Checklist for a list of required documents.

Please select the type of application your organization would like to apply for:
Application Type:

☐Initial Certification

☐ Application Change
- _ Ownership
- _ Location
- _ Gender
- _ Bed Capacity
- _ Level of Support

☐Renewal Certification (Cert#_____)

Please review the list below and attach copies of the following documents. All documents are required and applications are not considered complete if the documents are not submitted with this application.

Checklist:
_____ Proof of Property Ownership/Letter from Property Owner
_____ Certificate of Insurance
_____ Policy and Procedure Manual
_____ Proof of Legal Business Entity
_____Resident Orientation Handbook
_____Fire and Safety Inspection Report (Residence with more than 5 occupants and a house manager) or Affidavit of compliance (Residence with 5 occupants or less and a house manager)

I. Applicant Information: (Required) The business name of the organization must be listed as it is registered with the Virginia State Corporation Commission.	
Organization(Full Name):	Legal Entity(Full Name):
Type of Organization: ☐Sole Proprietor ☐Partnership ☐C-Corporation ☐S-Corporation ☐Limited Liability Company	Website:
Mailing Address: (City, State, Zip Code)	Program Email: Tax ID:
Main Office Phone Number:	Fax Number:
Owner's Name and Contact Number:	
Owner's Email Address:	
Program's Contact Number:	
Program's Email:	
1. Is this organization an active member in "good standing" with the Virginia Association of Recovery Residences (VARR) or Oxford House? If so, please list the following: VARR Certification #: _____ Expiration Date: _____	
Oxford House #: _____ Expiration Date: _____	

2. Place a check mark in the box that best describes your organization.

☐ Community-Based

☐ Faith-Based

If yes, what affiliation _____

☐ Non-profit

☐ For-profit

☐ Grassroots (annual operating budget of $500,000 or less)

☐ Other: _____

II. **Staffing Information (if applicable):**

1. **Organization's Director** (include Title):

   Email:
   Phone:

2. **If applicable, House Manager (Full Name)**:

   Email:

   Phone:

III. Property Information

Property Name:	**Property Ownership**: ☐Owns property ☐Leases from 3rd party ☐Leases from related person entity
Levels of Support: ☐I Peer Run ☐II Monitored	**Type of Structure**: ☐Single family ☐Multi-unit dwelling/apt.(#units_____) ☐Facility Is this residence handicap accessible? _Y _N If yes, please describe:

Physical/Service Address: (City, State, Zip Code) **County**:	**#Bedrooms** ☐1 ☐2 ☐3 ☐4 ☐Other:____
Billing Address: (City, State, Zip Code)	**#Bathrooms** ☐1 ☐2 ☐3 ☐4 ☐Other:____
Special Services: (check all that apply) ☐Staff is Mental Health First Aid trained ☐Offers American Sign Language interpretation ☐Is universally accessible for individuals with disabilities ☐Has a location near public transportation ☐Has handicapped parking ☐Naloxone on premises ☐Offers service in languages other than English (If so, what languages) _____	**Bed Capacity: ___**

IV. Populations Served
☐Women ☐Men ☐Co-ed ☐Women with Children ☐LGBT ☐Veterans ☐Pregnant Women ☐Transitional Aged Youth ☐Co-occurring disorders
1. Is your organization abstinence based? ☐Yes ☐No
2. Does your organization accept individuals receiving medication assisted treatment? ☐Yes ☐No
3. Does your organization conduct routine drug testing? ☐Yes ☐No

V. Resident Fees. ***(In this section, please indicate how often resident fees are collected, and select room type).***
Billing Frequency (how often resident fees is collected): ☐weekly ☐bi-weekly ☐monthly Administrative Fees:_____ Security deposit amount:_____ Prorated amount:_____ First and Last Amount:_____ Room Type: ☐ Shared room amount:_____ ☐ Private room amount:_____
1. Is food included in the fees charged? If yes, how much?_____ ☐Yes ☐No
2. Who manages the residents' funds? _____

Terms of Agreement Acknowledgement

By signing below, I certify that I have read and understand the Virginia Certification of Recovery Residences requirements. I agree to the information provided in this application and attachments are correct and true to my knowledge.

Print Name:

_____

Signature of Applicant's Representative Title or Position Date

For Virginia Certification of Recovery Residences office use only:	
Date application received:	o Application approved
VCORR Director/Manager's Signature:	o Application denied Reason:
	Decision Date: