



Funded By:



COLORADO
Office of Behavioral Health
Department of Human Services

CERTIFICATION APPLICATION

New Certification Existing Certification Adding a New House Existing Certified Home Renewal

Organization: _____ Home Name: _____ Date: ____/____/____

Home Physical Location: _____

City: _____ Zip Code: _____ Structure Support Level: _____

Contact Name: _____ Title: _____ Contact Phone #: _____

Organization Type: Non Profit _____ Proprietary _____ Independent _____ Other _____

Name of Entity/Organization: _____ DBA: _____

Name of Owner/Manager: _____ Phone: () _____ FAX: () _____

Entity Mailing Address: _____ City _____ Zip _____

Email Address: _____ @ _____

TYPE OF FACILITY: House _____ Duplex _____ Apartment/Apt. Bldg. _____ Other _____

NUMBER OF BEDROOMS: _____ NUMBER OF BATHROOMS: _____ TOTAL SQFT: _____

OCCUPANCY CAPACITY (# OF BEDS): _____ SERVING: Men _____ Women _____ Children _____

CLIENT FEES: Monthly Costs: \$ _____ Deposit/Intake Fee: \$ _____ Other Monthly Fees: \$ _____

Are Deposits/Intake Fees Refundable: Yes No Other Fees - Explain: _____

Are you an active Member of CARR or Applying for Membership? Yes No

Have you read and understood Certification requirements? Yes No

Have you reviewed all Standards, Health and Safety Requirements? Yes No

I hereby validate the above information and request certification in the Colorado Association of Recovery Residences. I acknowledge that the certification may be revoked if requirements are violated and will not be re-issued until resolved and re-inspection is passed. All certification fees are forfeited for the remainder of the year if re-issuance from grievance of compliance does not take place, but certification dues shall not be re-issued within the year of certification should compliance to resolve be attempted and certification re-issued.

(Signature) Owner/Operator

(Date)

Owner Full Name (print): _____ S.S.# _____

Owner Full Name (print): _____ S.S.# _____

~ FOR OFFICE USE ONLY ~

APPLICATION REQUIREMENTS COMPLETION CHECK LIST:

<input type="checkbox"/> Application/Inspection Fees Fully Paid?	<input type="checkbox"/> General Liability Proof of Insurance?
<input type="checkbox"/> Signed the Code of Ethics?	<input type="checkbox"/> Provided Client Agreement?
<input type="checkbox"/> Provided Website, Brochure, and other marketing materials?	<input type="checkbox"/> Background Check Passed?
<input type="checkbox"/> Provided Rules, Regulations and/or Policies?	

Inspection Assigned to: _____

Date: _____

Inspection Completed by: _____

Date: _____

Discrepancies Noted: Yes No

Date Site Review Page sent to Location: ____/____/____

This Recovery/Sober Home meets all certification requirements and is approved for membership.

Approved By: _____

Date: _____

Certificate prepared and delivered: Date: _____ By: _____