



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: _____