

CTARR Application checklist

This checklist is for both the applicant and the primary reviewer, and will help insure the application materials have been submitted. Application and supporting information must be completed online at ctrecoveryresidences.org/member-application. Additional supporting documentation and reference letters must be sent to info@ctrecoveryresidences.org.

Name of Recovery Residence: _____

<input type="checkbox"/>	Completed online application and affiliate fee payment
<input type="checkbox"/>	Documentation of legal business entity (e.g. incorporation, LLC documents or business license).
<input type="checkbox"/>	Documentation that the owner/operator has current liability coverage and other insurance appropriate to the level of support.
<input type="checkbox"/>	Written permission from the property owner of record (if the owner is other than the recovery residence operator) to operate a recovery residence on the property.
<input type="checkbox"/>	A statement attesting to compliance with nondiscriminatory state and federal requirements.
<input type="checkbox"/>	Resident Agreement
<input type="checkbox"/>	House Rules
<input type="checkbox"/>	Policies and Procedures, Standards of Operating or Equivalent
<input type="checkbox"/>	Informational materials and/or brochure about the residence
<input type="checkbox"/>	Letters of recommendation, emailed by reference source directly to CTARR
<input type="checkbox"/>	Code of ethics if not included in above
<input type="checkbox"/>	Residence photos
<input type="checkbox"/>	Communication with residence to review application and prepare for inspection
<input type="checkbox"/>	Inspection scheduled Date: _____
<input type="checkbox"/>	Inspection completed Date: _____