**APPLICATION FOR A CERTIFIED RECOVERY RESIDENCE**

**IMPORTANT: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THE APPLICATION**

A recovery residence is 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.

The Code of Virginia [§ 37.2-431.1](https://law.lis.virginia.gov/vacode/title37.2/chapter4/section37.2-431.1/) provides that no person shall advertise, represent, or otherwise imply to the public that a recovery residence or other housing facility is a certified recovery residence unless it has been certified by the Virginia Department of Behavioral Health and Developmental Services (“DBHDS”). In accordance with 12VAC35-260, each location that an entity seeks to operate as a certified recovery residence must be certified or accredited by or hold a charter from an approved credentialing entity and be included on the certification list maintained by DBHDS. Below you will find a Statement of Certification for Recovery Residences Application, which must be completed for each location you seek to operate as a certified recovery residence. **A separate application is required for each service site location.**

Please type or print legibly all required information. Should you have any questions, please contact the Office of Recovery Services at (804) 371-0462. Return Completed Application to: [Alethea.Lambert@DBHDS.Virginia.gov](mailto:Alethea.Lambert@DBHDS.Virginia.gov).

***Statement of Certification for Recovery Residences Application***

A Statement of Certification is issued once your application has been reviewed and approved by DBHDS and the recovery residence has passed a site inspection conducted by an approved credentialing entity.

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| 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:*** | |
| **This organization has met the certification/charter requirements with the Virginia Association of Recovery Residences (VARR) or Oxford House.**  Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_  VARR Certification #: \_\_\_\_\_\_\_\_\_\_\_\_  Expiration Date: \_\_\_\_\_\_\_\_\_\_  Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_  Oxford House #: \_\_\_\_\_\_\_\_\_\_\_\_  Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **Populations Served** |
| ☐ Women  ☐ Men  ☐ Co-ed  ☐ Women with Children  ☐ LGBT  ☐ Veterans  ☐ Pregnant Women  ☐ Transitional Aged Youth  ☐ Co-occurring disorders Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Is your organization abstinence based? ☐Yes ☐No |
| 1. Does your organization accept individuals receiving medication assisted treatment? ☐Yes ☐No |
| 1. Does your organization conduct routine drug testing? ☐Yes ☐No |
| 1. DBHDS Region of Recovery Residence:   ☐Region 1 ☐Region 2 ☐Region 3A ☐Region 3B ☐Region 4 ☐Region 5   1. (See attached for region explanation) |

**Continued Verification of Compliance with Requirements for Certification**

Any recovery residence that fails to maintain accreditation or certification by, a charter from, or membership in a credentialing entity as required by this chapter shall be removed from the certification list. On an annual basis from the date DBHDS approves your application, you must submit evidence that you maintain the required accreditation or certification by, charter from, or membership in an approved credentialing entity in order for DBHDS to verify your continuing compliance with Certified Recovery Residences regulations.

**Terms of Acknowledgment**

I have read and understand the Code of Virginia § 37.2-431.1 and DBHDS Certified Recovery Residences regulations, [12 VAC35-260](https://law.lis.virginia.gov/admincode/title12/agency35/chapter260/), concerning requirements for recovery residences. By signing below, I certify that the information provided in this application and attachments is true and correct.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant’s Representative Title or Position Date

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| ***For DBHDS Office of Recovery Services office use only:*** | |
| Date application received: | Application approved: |
| Received by: | Application denied for the following reason: |
|  | Decision Date: |

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| **Primary DBHDS Regions** | |
| **DBHDS Region 1** (9 CSBs) | **DBHDS Region 3** *(continued)* |
| Alleghany Highlands CSB | New River Valley Community Services |
| Harrisonburg-Rockingham CSB | Piedmont Community Services**2** |
| Horizon Behavioral Health | Planning District One Behavioral Health Services |
| Northwestern Community Services | Southside CSB**2** |
| Rappahannock Area CSB | **DBHDS Region 4** (7 CSBs) |
| Rappahannock-Rapidan CSB | Chesterfield CSB |
| Region Ten CSB | Crossroads CSB |
| Rockbridge Area Community Services | District 19 CSB |
| Valley CSB | Goochland-Powhatan Community Services |
| **DBHDS Region 2** (5 CSBs) | Hanover County CSB |
| Alexandria CSB | Henrico Area MH and Developmental Services |
| Arlington County CSB | Richmond Behavioral Health Authority |
| Fairfax-Falls Church CSB | **DBHDS Region 5** (9 CSBs) |
| Loudoun County Department of Mental Health,  Substance Abuse and Developmental Services | Chesapeake Integrated Behavioral Healthcare |
| Colonial Behavioral Health |
| Prince William County CSB | Eastern Shore CSB |
| **DBHDS Region 3** (10 CSBs) | Hampton-Newport News CSB |
| Blue Ridge Behavioral Healthcare**1** | Middle Peninsula-Northern Neck CSB |
| Cumberland Mountain CSB | Norfolk CSB |
| Danville-Pittsylvania Community Services**2** | Portsmouth Department of Behavioral Healthcare  Services |
| Dickenson County Behavioral Health Services |
| Highlands Community Services | Virginia Beach CSB |
| Mount Rogers CSB *(continued next column)* | Western Tidewater CSB |

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| **1** Part of sub-region 3.a in Region 3 | **2** Part of sub-region 3.b in Region 3 |

There are two sub-regions in Region 3, sub-regions 3.a and 3.b, related to the catchment areas of Catawba Hospital (adult psychiatric beds) and Southern Virginia Mental Health Institute, respectively, utilization of beds in those state hospitals, and the allocation and use of DAP and LIPOS funds. CSBs in these sub-regions are part of Primary DBHDS Region 3 for all other purposes.

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| **Region 3 Sub-regions** | **CSBs** |
| Sub-region 3.a | Blue Ridge Behavioral Healthcare |
| Sub-region 3.b | Danville-Pittsylvania Community Services |
| Piedmont Community Services |
| Southside CSB |