



Tennessee Alliance of Recovery Residences

Affiliate Application

If you need more space for answers to application questions, please feel free to use a separate sheet. Application forms may be emailed to tnarrtennessee@gmail.com or sent by mail addressed to:

TENNESSEE ALLIANCE OF RECOVERY RESIDENCES
PO Box 120114
Nashville, TN 37212-0114
615-500-4434

Section 1: Residence Information

(Check those that apply)

Name of Recovery Residence: _____

Recovery Residence type: _____

City of Recovery Residence: _____ State: _____ Zip: _____

Service County: _____ Website address: _____

Residence is: (check those that apply)

Owned by affiliate

Leased from third party

Leased from person or entity related to affiliate

Year founded: _____

Number of bedrooms: _____

Number of bathrooms: _____

Type of Structure: (Check all that apply)

Single family home

Apartment Building

One or more apartment units

Condominium unit

Duplex or triplex

Other: _____

Affiliate Application
Tennessee Alliance of Recovery Residences

Level of Support	Residences	Capacity (beds)
<i>Level 1</i>		
<i>Level 2</i>		
<i>Level 3</i>		
<i>Level 4</i>		

Levels of Resident Support: (Fill out table. For references please see the levels of support description page. (Pg. 5))

Serving: (Check all that apply)

- Men Co-ed
 Women Men w/children
 Women w/children

Food:

- Out of pocket
 Food Stamps

Resident Contribution (monthly): _____

Request up front\$: _____ Range of fees: _____

Section II: Affiliate Information

Affiliate/Applicant name:

Type of Organization: (check all that apply)

- Corporation Nonprofit Organization
 Partnership Nonprofit-Other
 Limited Liability Company (LLC) Unincorporated Entity Other _____

Affiliate/Applicant address: _____

City: _____ State: _____ Zip: _____

Does applicant own or operate a licensed alcohol and drug health program? Yes No

If yes, name the licensed program or facility: _____

Number of Recovery Residences operated by this organization: _____

*Affiliate Application
Tennessee Alliance of Recovery Residences*

Are you willing to fully participate in TN-ARR activities? Yes No
Have you read and understood the requirements? Yes No
Have you viewed the recovery residences standards? Yes No
Have you signed the Code of Ethics? Yes No
Have you read the TN-ARR Steps for Certification? Yes No

Section III: Contact Information

Main Contact:

Name: _____ Position/Title: _____
Phone Number: _____ Contact email: _____

Manager, senior resident or responsible person for this residence:

Name: _____ Position/Title: _____
Phone Number: _____ Contact email: _____

Residence contact information:

Name: _____ Position/Title: _____
Phone Number: _____ Contact email: _____

Section IV: Applicant Signature

I certify that this application is supported by the applicant organization named above, and that the information provided is true.

Print Name: _____ Date: _____

Signature: _____

Application Fee of \$125.00 mailed to P.O.Box 120114 Nashville, TN 37212

(check those that apply)

New Affiliate

Existing Affiliate

Recovery Residence with 1-8 beds

Recovery Residence with 9-20 beds

Recovery Residence with 21-30 beds

Recovery Residence with 31-40 beds

Recovery Residence with 41-50 beds

Recovery Residence with 50+ beds