

TN-ARR FILE Short form CHECKLIST

All documentation on this page must be submitted to TN-ARR and application fee paid before the affiliate process will begin

REQUIREMENTS FOR AFFILIATE STATUS

- _____ Review the National Quality Standards and Code of Ethics
- _____ Vision. Written statement that corresponds with NARR’s core principles
- _____ Mission. Written statement that corresponds with NARR’s core principles
- _____ Report on municipalities (zones and codes) compliance

- _____ Fire Marshall Inspection-

- _____ Letter from HOA, if applicable
- _____ Letter from Landlord, if applicable
- _____ COI (Certificate of Insurance)
- _____ Organization Origination Document as LLC or 5013C

RESIDENT PAPERWORK

- _____ Style: Social Model
- _____ Home Requirements
- _____ Financial transparency Statement
- _____ Drug Screen Policy
- _____ Admission & Discharge Criteria Policy
- _____ Medication Management Policy
- _____ MAT Policy Procedure
- _____ Peer Driven
- _____ Client Friendly

Onsite Safety and Environment Assessment (Inspection)

Date: _____ Inspector _____

Approved _____ Needs upgrades _____ Not Approved _____

TN-ARR Meeting attendance: _____

Training _____

Committee _____

Board Position _____

Training _____

Comments:

Date:

Reviewer:

