

York/Adams HealthChoices Management Unit

Recovery House Bridge Subsidy

Provider Application to Determine Eligibility to Receive Recovery House Reinvestment Dollars

Please add additional pages as necessary to completely respond to these questions.

Name of Organization:

Organization Type:

(Corporation, Partnership, LLC, Nonprofit Corporation, Sole Partnership, etc.)

State of Organization or Incorporation:

Year Founded:

Contact Information :

Principle Business Address:

Mailing Address:

Principle Contact Person, Name and Title:

Contact Phone:

Contact Email Address:

Website Address:

1) Is your Recovery House Organization currently a member of the following:

a. National Association of Recovery Residence (NARR) Yes No

b. Pennsylvania Association of Recovery Residence (PARR) Yes No

c. If you are not yet a member of PARR, are you willing to become a member, as required by this program? Yes No

2) Please complete Schedule 1 and include with application.

3) Please note any other criteria or qualities necessary for individuals wishing to reside at your Recovery House?

4) Do you specialize in or provide services for any particular types of substance use or other conditions? Please Describe:

5) Recovery House Length of Stay Data:

- a. **Maximum length of stay for your residents?**

- b. **Do you require a minimum amount of time for residents to agree to?** Yes No

- i. **If yes, please explain:**

6) Fiscal Management Standards and Recovery House Room and Board/Fees and Fines:

- a. **Are fees prorated if the member leaves prior to the end of the month?** Yes No

If yes, please explain:

- b. **Please list what is included in the Room and Board/Fee (e.g. food, electric, heat, toiletries):**

- c. **Do you have policy and procedure for the establishment and maintenance of accounting systems that fully document all financial transactions including those of residents?**

Yes No

If yes, please include:

- 7) Is your facility faith-based or affiliated with a faith-based or religious organization? If so, are residents expected to participate in particular religious activities or to belong to a particular faith?**

Yes No

If yes, please explain.

- 8) Please describe any exclusionary criteria your Recovery House has in place related to denying members to your facility.**

9) Please indicate whether your facility accepts individuals who are currently taking the following types of medication.

a. Medication for Physical Health or Medical Conditions Yes No

b. Medication for Psychiatric Conditions Yes No

c. Medication assisted Substance Abuse Treatment Yes No

d. If your facility allows residents to take prescribed medication, please detail protocols in place regarding appropriate use and security of medication.

10) Recovery House Rules and Daily/Weekly Activities

a. Who has authority to enforce House Rules?

b. What method(s) are used to ensure consistent enforcement of these rules?

c. How are residents made aware of these rules?

d. What safeguards are in place to ensure the safety and protection of your residents?

e. Please describe the purpose and frequency of your house meetings.

f. Are house meetings run by staff or residents?

g. What steps has your facility taken to establish and maintain a supportive environment for all residents? How are conflicts among residents addressed?

h. What is your Recovery House's policy toward resident use of alcohol and/or other substances? Please Provide Policy, if available.

i. Does your recovery house(s) require the member to leave the Recovery House if they use, and what is you policy regarding returning to the Recovery House?

ii. Do you have procedures, including referral agreements if a person relapses?
 Yes No

If yes, please provide and explain how this is handled.

11) Does your Recovery House Manager or other staff live on site? Please detail the hours the House Manager is available to the residence of the Recovery House?

12) Recovery Services and Treatment:

a. What steps does your facility take to promote a stable, healthy, independent lifestyle among your residents? How does your facility promote recovery?

b. How are exceptions to participate in treatment and/or community self-help groups enforced?

c. Are residents expected to participate in employment immediately upon entering the Recovery House? Yes No

If yes, please describe these expectations.

Schedule 1: List of covered recovery residences

Please provide the following information for each recovery residence you operate. All recovery residences you operate must be included. Item notes are provided below the tables. Information for additional residences should be provided on a separate sheet. Note that information for each residence spans the two tables below.

	Residence name	responsible person	residence address	City	State	ZIP
1						
2						
3						
4						
5						
6						
7						
8						

	Residence name	PARR Certified?	Residence Capacity	Gender(s) served [1]	Accept Persons on SSI or Disability	Accessible to Public Transportation	ADA Accessible	Monthly Room and Board and Fees	Security Deposit Amount	State Licensed? [2]
1										
2										
3										
4										
5										
6										
7										
8										

Notes to residence information tables

[1] (M) Men, (W) Women, (C) Co-Ed, (WC) Women with Children, (MC) Men with Children or (FC) Families with Children

[2]“Yes” if residence is licensed by the state as a substance abuse treatment or mental health facility, or for another state-licensed use

Application Checklist:

This checklist is for your use, and will help to insure that your application materials are complete.

- Completed application including Schedule 1.**
- Resident agreement, house rules and informational material provided upon application for residence.**
- Policies & procedures, operating standards or equivalent information provided to residence staff.**
- Code of ethics if not included in above.**
- Licensing and/or inspection certificates.**

**Please mail completed application to: York/Adams HealthChoices Management Unit
ATTN: Mark B Durgin
100 W. Market St, Suite B-01
York, PA 17401**

Or email to: mbdurgin@yorkcountypa.gov

If you have any questions regarding the York/Adams HealthChoices Recovery House Subsidy Program, please contact Mark B. Durgin at (717) 771-9900.