Reset Form

RECOVERY RESIDENCE APPLICATION

State Form 56415 (R3 / 8-19)
FAMILY AND SOCIAL SERVICES ADMINISTRATION
DIVISION OF MENTAL HEALTH AND ADDICTION

Recovery Works
INDIANA'S FORENSIC TREATMENT PROGRAM

AGENCY INFORMATION		
Name of organization (*As Registered with Indiana Secretary of State*)		Organization Employer Identification Number (EIN)
Application Contact		E-mail address
Street address of agency location		City, state and ZIP code
Telephone number ( )	Fax number ( )	Main E-mail address

MAILING ADDRESS OF ADMINISTRATION BILLING OFFICE		
Street address		City, state and ZIP code
Main telephone number ( )	Fax number ( )	Website (*if available*)
County(ies) of service		
List types of insurance accepted by the agency (i.e. Medicaid, Health Indiana Plan (HIP), self-pay, etc.).		
Indiana Affiliation of Recovery Residences (INARR) certification level		

ADDRESS(ES) OF RECOVERY RESIDENCE(S) *(number and street, city, state, and ZIP code)*

SERVICES	*Mark with an X if your agency is providing the service.*
Recovery Residence – Room Only	
Recovery Residence – Room and Board	
Per Diem – Level II	
Per Diem – Level III	
Per Diem – Level IV	

PARTNERS – *Please list local treatment providers you will work with for clinical treatment.*	
Agency Name	**Agency Contact**

PROVIDER INFORMATION		
PROVIDER NAME *(FIRST, LAST)*	**DEGREE AND/OR LICENSURE**	**Would you Qualify to be a: OBHP / QBHP**
		OBHP / QBHP
		OBHP / QBHP
		OBHP / QBHP
		OBHP / QBHP
		OBHP / QBHP
		OBHP / QBHP
		OBHP / QBHP

(If you have additional providers, please attach their information to the application in an Excel workbook.)

By signing below, your agency agrees that your providers will attend all mandatory Recovery Works trainings prior to providing services. Additionally, your agency will only claim for services marked with an "X" on page 1.

Signature	Date *(month, day, year)*
Printed name	
Title	

FOR DMHA USE ONLY (Applicable for Level IV)		
Date *(month, day, year)*	Return to Recovery Works *(month, day, year)*	
Certification reference number	Type of certification	Expiration date of certification *(month, day, year)*
Notes		