



**Recovery Residence Certification Application  
Recovery Works Housing Provider**

Division of Mental and Addiction (DMHA)  
Certification and Licensure  
[DMHAhousing@fssa.in.gov](mailto:DMHAhousing@fssa.in.gov)

- INSTRUCTIONS:** 1. Complete application and sign application.  
2. Email application and required documents to [DMHAhousing@fssa.in.gov](mailto:DMHAhousing@fssa.in.gov).

Organization Information	
Select One <input type="checkbox"/> New Application <input type="checkbox"/> Renewal	
Legal Name of Organization (As Registered with the Indiana Secretary of State)	
Doing Business As (DBA) Name of Organization, if Different	
Employer Identification Number	Organization Type (Check One) <input type="checkbox"/> Governmental Entity <input type="checkbox"/> Nonprofit <input type="checkbox"/> For-Profit
Name of Organization Director	
Director Telephone Number	Director Email Address
Address of Organization	
City, State and ZIP code	County
Mailing Address of Organization – If Different from Address Above	
City, State and ZIP code	County
Organization Telephone Number	Organization Fax Number
Website (If Available):	

Recovery Residence Information	
Name of Facility	
Address of Facility	
City, State and ZIP code	County
Telephone Number	Fax Number
Are you renting this location?	If yes, who is the owner?
Number of Beds:	
National Alliance for Recovery Residences Level:	
Services Provided (Check all that apply.) <input type="checkbox"/> Room and Board <input type="checkbox"/> Room Only <input type="checkbox"/> Per Diem – Level II <input type="checkbox"/> Per Diem – Level III <input type="checkbox"/> Per Diem – Level IV	
Populations Served (Check all that apply.) <input type="checkbox"/> Men <input type="checkbox"/> Women <input type="checkbox"/> Pregnant Women <input type="checkbox"/> Women and their children	

**Attestations (Confirm the following statements by signing below)**

You attest that all staff will attend mandatory Recovery Works trainings prior to providing services you want to claim. Additionally, your organization will only claim for services marked with an X on page 1.

You attest that your organization complies with nondiscriminatory state and federal requirements.

You attest that claims in marketing materials and advertising will be honest and substantiated and that it does not employ any of the following:

- False or misleading statements or unfounded claims or exaggerations;
- Testimonials that do not reflect the real opinion of the involved individual;
- Price claims that are misleading;
- Therapeutic strategies for which licensure and/or counseling certifications are required but not applicable at the site; or
- Misleading representation of outcomes.

You attest that the electrical, mechanical, and structural components of the property are functional and free of fire and safety hazards.

Director Signature

Date (month, day, year)

Printed Name

**FOR DMHA USE ONLY**

Date Provided to the Recovery Works Program (month, day, year)

Facility Code

Types of certification

Certification Expiration Date (month, day, year)

Notes