

## **MARR Application for Membership**

Date of Application: \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Number: \_\_\_\_\_

Business Address/Mailing Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name(s) and Address(es) of Recovery House(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please answer the following questions:**

Are you a legal business entity? YES NO  
If so, what kind? \_\_\_\_\_

Do you allow those who are not in Recovery from drug and alcohol addiction to live in the house? YES NO

Do you have a written mission and vision statement? YES NO

Do you have a written code of ethics? YES NO

Do you comply with state and federal requirements? YES NO

Do you clearly identify the responsible person(s) in charge of the recovery house to all residents? YES NO

Do you have employees? YES NO

If so, do you have written job descriptions for your employees? YES NO

Do your houses provide a drug and alcohol free YES NO

environment?

Do you collect process and outcome data? YES NO

If you are leasing a property, do you have written permission from the owner of record to operate a recovery residence on their property? YES NO

Do you maintain an accounting system that fully documents all resident financial transactions such as fees, payments and deposits? YES NO

Do you post emergency procedures and staff phone numbers in a conspicuous location? YES NO

Do you post emergency numbers, protocols and evacuation maps? YES NO

Do you use an applicant screening process that helps maintain a safe and supportive environment for a specific group of persons in recovery? YES NO

Do you adhere to applicable confidentiality laws? YES NO

Do you keep resident records secure with access limited to authorized staff only? YES NO

Do you have a grievance policy and procedure for residents? YES NO

Do you collect emergency contact information for each resident? YES NO

Do you have house rules? YES NO

Do your rules address the following?

Attendance at three Recovery based meetings per week, and attendance at the weekly house meeting. YES NO

Immediate response for relapse, stealing, violence and/or overtly disruptive behavior as determined by program. YES NO

Curfew YES NO

Guests, including a policy on children. YES NO

Overnight visits	YES	NO
Employment or daytime activities	YES	NO
Smoking	YES	NO
Medication storage and restrictions	YES	NO
A procedure for how and/or where to contact residents in the event of an emergency if residents are not home.	YES	NO
Explanation of management structure and staff contact information	YES	NO
Disclosure, at time of admission to the house, of fees and any additional costs or charges	YES	NO
If you allow couples there must be a clear written policy stating that.	YES	NO
Do you have an orientation process that clearly communicates the residents' rights and requirements prior to them signing any agreements; collects demographic and emergency contact information and provides new residents with written instructions on emergency procedures and staff contact information?	YES	NO
Do you provide an environment that fosters mutually supportive and recovery-oriented relationships between residents and/or staff through peer-based interactions, house meetings, community gatherings, recreational events , and/or other social activities?	YES	NO
Do you inform your residents on the wide range of local treatment and recovery support services available to them including: 12 step or other mutual support groups, recovery community centers, recovery ministries, recovery-focused leisure activities and recovery advocacy opportunities?	YES	NO
Do you provide nonclinical recovery support and related services?	YES	NO
If so, what nonclinical services do you provide?		
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Do you provide each resident with food?	YES	NO

If so, do you collect residents' food stamps to pay for the food? YES NO

Do you abide by all local buildings and fire safety codes? YES NO

Do you have functioning fire extinguishers in plain sight at your location(s)? YES NO

Do you have functioning smoke and CO2 detectors installed? YES NO

Do you allow smoking inside your house(s)? YES NO

Does your house have a community room large enough to accommodate house meetings? YES NO

Does your house have sleeping rooms that adhere to local and state square footage requirements? YES NO

Are laundry services accessible to your residents? YES NO

Do you have a good neighbor policy? YES NO

Do you provide neighbors with the responsible person(s) contact information upon request? YES NO

Does the responsible person(s) respond to neighbor's complaints, even if it is not possible to resolve? YES NO

Does your good neighbor policy address the following?

- Noise YES NO
- Smoking YES NO
- Loitering YES NO
- Parking YES NO

How much are your weekly fees for a single/double room and what is included in the fee?

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What level as defined by NARR do you currently consider your house(s) to be? (See attached levels) 1 2 3 4

Please provide the number of bedrooms, bathrooms and beds by house:

House Name: \_\_\_\_\_  
Number of Bedrooms: \_\_\_\_\_  
Number of Bathrooms: \_\_\_\_\_  
Number of Beds: \_\_\_\_\_  
Maximum Beds Per Room: \_\_\_\_\_

House Name: \_\_\_\_\_  
Number of Bedrooms: \_\_\_\_\_  
Number of Bathrooms: \_\_\_\_\_  
Number of Beds: \_\_\_\_\_  
Maximum Beds Per Room: \_\_\_\_\_

House Name: \_\_\_\_\_  
Number of Bedrooms: \_\_\_\_\_  
Number of Bathrooms: \_\_\_\_\_  
Number of Beds: \_\_\_\_\_  
Maximum Beds Per Room: \_\_\_\_\_

House Name: \_\_\_\_\_  
Number of Bedrooms: \_\_\_\_\_  
Number of Bathrooms: \_\_\_\_\_  
Number of Beds: \_\_\_\_\_  
Maximum Beds Per Room: \_\_\_\_\_

Attached is a copy of the NARR Standards including a MARR addendum to the standards.

Please review these standards.

Do you currently meet these standards? YES NO

You must attach a list of any House Rules, Application or Policies for your house(s). **Please make sure that you have a written policy that addresses every standard.**

After submission of your application, please contact Sarah Coupe or Dan Mahoney. Sarah Coupe or Dan Mahoney will make one attempt to contact you to set up a walk-through of your properties. If a walk through is not set up within 30 days the application becomes invalid.

**Please submit to:**

**MARR  
48 High St  
South Portland, ME 04106**