

Type of Registration (Check one): New Registration Renewal

- Registration on the NH Department of Health and Human Services Recovery House Registration List is voluntary.
- Recovery Houses must be listed in the registry to receive referrals from state and federally funded agencies.
- **Recovery Houses that mandate that all residents attend clinical services on site or at a particular agency off site may be referred for licensing with the DHHS Office of Operations Supports, Health Facilities Administration.**
- Email registration form to _____ Fax registration form to: _____

Organization Information

Agency Name/Recovery House Name(s): _____

Recovery House Address: _____

Organization Phone Number: _____ Email: _____

Primary Contact Person: _____ Phone: _____

Email: _____ Live at Recovery House? Yes ___ No ___

Secondary Contact person: _____ Phone: _____

Email: _____ Live at Recovery House? Yes ___ No ___

Population to be served (Example – Males 18+): _____

Planned number of Occupants: _____

Organization Type (Check all that apply)	
<input type="checkbox"/> For Profit Organization	<input type="checkbox"/> Not for Profit Organization
<input type="checkbox"/> Independent Entity	<input type="checkbox"/> Owned by Another Agency
<input type="checkbox"/> Affiliation with Oxford House	
<input type="checkbox"/> Other Affiliation (Write in)	
<input type="checkbox"/> Own Building	<input type="checkbox"/> Lease Building

Check List of Items that may Accompany Registration (Check all that apply)		
<input type="checkbox"/> Inspection Forms (Health/Building/Zoning/Fire inspections as applicable to community where Recovery House is doing business.)*	<input type="checkbox"/> Proof of Insurance*	
<input type="checkbox"/> If leased property, written permission from lessor to use property as Recovery House*		
<input type="checkbox"/> Mission/Vision Statement	<input type="checkbox"/> Resident Agreement	<input type="checkbox"/> Emergency Procedures
<input type="checkbox"/> Policies and Procedures including: House Rules, Finances and Rental Agreement, Refund Policy, Grievance Policy and Procedure, Staffing Plan and Job Descriptions(if any), Residents Rights, Declaration of Non-Discrimination, Code of Ethics, and Medication Management.		

*If applying for renewal you may submit items with asterisk.

**Mail to: NH Bureau of Drug and Alcohol Services (RH) 105 Pleasant St. Concord, NH 03301
or email to: recoveryhousing@dhhs.nh.gov**

Recovery House Standards/Services (Check all that apply)

Property/Housing:

<input type="checkbox"/> Furnished	<input type="checkbox"/> 50 Sq. ft. per bed per sleeping room	<input type="checkbox"/> Community Room
<input type="checkbox"/> Kitchen and Dining Area	<input type="checkbox"/> 1 sink, toilet, shower for every 6 residents	<input type="checkbox"/> Laundry services
<input type="checkbox"/> Working appliances	<input type="checkbox"/> Maintenance Plan	<input type="checkbox"/> Personal Storage Space

Staffing:

<input type="checkbox"/> Peer Run	<input type="checkbox"/> Senior Peer/House Manager	<input type="checkbox"/> Paid Staff
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Administrative Standards:

<input type="checkbox"/> Mission Statement	<input type="checkbox"/> Resident Orientation	<input type="checkbox"/> Fiscal Policies and Procedures
<input type="checkbox"/> Insurance	<input type="checkbox"/> House Rules Posted	<input type="checkbox"/> Daily Activities
<input type="checkbox"/> Peer involvement in rules setting and other house procedures (Describe):		

Safety Plan/Emergency Numbers:

<input type="checkbox"/> Safety Plan In Place	<input type="checkbox"/> Naloxone available	<input type="checkbox"/> Emergency Numbers Posted
<input type="checkbox"/> Fire and/or Safety Equipment (Describe):		

Recovery House (RH) Services:

<input type="checkbox"/> House required Substance Misuse (SM) clinical services on site	<input type="checkbox"/> House required SM clinical services offsite
<input type="checkbox"/> Optional SM clinical services on or offsite	<input type="checkbox"/> SM clinical services not offered
<input type="checkbox"/> Drug Screening onsite	<input type="checkbox"/> Drug Screen offsite
<input type="checkbox"/> Drug Screening not offered	<input type="checkbox"/> Medicated Assistant Treatment Accepted
<input type="checkbox"/> Connections to Recovery Community Organizations	<input type="checkbox"/> Connections to medical services
<input type="checkbox"/> Connections to other social services (housing, financial services, etc. Please describe):	
Have you been certified by the New Hampshire Coalition of Recovery Residences? Yes ____ No ____	

I attest that the information submitted above is true and accurate:

Print Name: _____ Signature: _____ Date: _____

Office Use Only - Received: _____ RH Level: _____ Date Approved: _____ Referred to Licensing _____

Notes:

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