<ul> <li>Registration on the NH Recovery House Re</li> <li>All Recovery Houses must present evidence the National Alliance of Recovery Residence</li> <li>Certified Recovery Houses must be listed in agencies.</li> </ul>	ce of certification based upon meeting to the	:he standards determined by
<ul> <li>Recovery Houses that mandate that all resiste should apply for licensing with the DI</li> <li>See instruction below for submitting form</li> </ul>	esidents attend clinical services on site HHS Office of Operations Supports, Hea	or at a particular agency off
Certification Type (Check One): (Please provide a copy of the certification when s	☐ NARR ☐ Other (Please described in the properties of the propert	escribe):
Organization Information		
Agency Name/Recovery House Name(s): Recovery House Address: Organization Phone Number:		
Primary Contact Person:	Phone:	
Email:	Live at Recovery House? Yes	No
Secondary Contact person:	Phone:	<del></del>
Email:	Live at Recovery House? Yes	No
Population to be served (Example – Males 18+): _		
Planned number of Occupants:		
attest that the information submitted above is t	true and accurate:	
Print Name:		
Signature:	Date:	