NH DHHS Recovery House Registration	Form	12/2020
Type of Registration (Check one):	New Registration	Renewal
 Registration on the NH Recovery House Reg All Recovery Houses must present evidence the National Alliance of Recovery Residents Certified Recovery Houses must be listed in agencies. <i>Recovery Houses that mandate that all rest</i> <i>site should apply for licensing with the DHF</i> See instruction below for submitting forms. 	of certification based upor (NARR) or a similar entity. the registry to receive refe idents attend clinical servio HS Office of Operations Sup	rrals from state and federally funded
Certification Type (Check One):		r (Please describe):
(Please provide a copy of the certification when su	bmitting registration form).
Organization Information		
Agency Name/Recovery House Name(s): Recovery House Address:		
Organization Phone Number:	Email:	
Primary Contact Person:	Phone:	
Email:	Live at Recovery Hous	e? Yes No
Secondary Contact person:	Phone:	
Email:	Live at Recovery Hous	e? Yes No
Population to be served (Example – Males 18+):		
Planned number of Occupants:		
I attest that the information submitted above is tru	ue and accurate:	
Print Name:		
Signature:	Date:	
Office Use Only - Received: RH Level:	Date Approved:	Referred to Licensing
Notes:		

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Mail to: NH Bureau of Drug and Alcohol Services (RH) 105 Pleasant St. Concord, NH 03301 Or email to: recoveryhousing@dhhs.nh.gov or fax to 1-617-271-6105