



# Office of Inspector General

## Office of Health Facility Licensure & Certification – Behavioral Health Program

# Recovery Residence Initial & Renewal Application

Complete this application and return to:

Office of Health Facility Licensure & Certification  
ATTN: Behavioral Health Program  
408 Leon Sullivan Way  
Charleston, WV 25301-1713

**NOTE:** This application can only be accepted if all required fields are completed, and additional requested documentation is attached. **Application must include a check or money order made out to the Office of Inspector General in the amount of \$250 for each residence.**

### RECOVERY RESIDENCE INFORMATION

Operating Name of the Recovery Residence: \_\_\_\_\_

Legal Name of the Recovery Residence or Operator: \_\_\_\_\_

Federal Employer Identification Number (FEIN): \_\_\_\_\_

Physical Address: \_\_\_\_\_

*Street Address*

*City*

*State*

*Zip Code*

Mailing Address: \_\_\_\_\_

*Street Address*

*City*

*State*

*Zip Code*

Telephone Number of the Recovery Residence: \_\_\_\_\_

Is this recovery residence certified by the West Virginia Alliance for Recovery Residences?

 Yes

If yes, include a copy of the certification

 No Pending

Does this recovery residence accept minors as participants or reside with a participant that is over 18 years of age?

 Yes No

Include a copy of the resident application and resident agreement for participants in this recovery residence.

### RECOVERY RESIDENCE CONTACT PERSON

Full Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

*Street Address*

*City*

*State*

*Zip Code*

Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_



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### DISCLAIMER

By signing this application, I hereby verify that all information provided on this application is true, accurate, and complete to the best of my knowledge. I understand that any knowingly false or misleading representations may result in the revocation of this registration and others under this owner/operator's name and may be subject to further inquiry and investigation.

### SIGNATURE

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Full Name: \_\_\_\_\_

Printed Title: \_\_\_\_\_