



West Virginia Alliance of Recovery Residences (WVARR)

Residence Closure Form

Please use this form to report the closure of any residence that is either: 1) included in an active certification application, or 2) currently certified.

Submission Date:

Applicant Information

Name of Organization:

Contact Person:

Phone Number:

Email Address:

Organization Mailing Address:

Is the Organization currently WVARR certified?

Yes No

If the Organization is not currently WVARR certified, does the Organization have a pending certification application with WVARR?

Yes No

Residence Closure Information

Address(es) of Residence(s) Closing:



Number of Residents Affected:

Gender/ Population Served:

Reason for Closure:

Anticipated Closure Date:

Please provide an overview of how affected residents will be supported in finding alternate placement and any plans already in place to ensure residents have a smooth transition.

Declaration

I, the undersigned, attest that I am authorized to formally withdraw the West Virginia Alliance of Recovery Residences certification application on behalf of _____ (organization name). I understand that by withdrawing the application, the organization forfeits any further consideration for certification at this time.

Printed Name

Signature

Date



Submission Instructions

Please submit this completed form via email to the designated Certification Reviewer, or by postal mail to the following address:

West Virginia Alliance of Recovery Residences

1116 Smith Street

Charleston, WV 25301

****WVARR Office Use Only:****

Processed By:

Date Processed:

Comments: