TENNESSEE
RECOVERY COALITION

Application for Membership

To maximize our value to your organization, complete and return the following information. Your responses will enable us to activate your official membership. The Tennessee Recovery Coalition will use this data for official purposes only.

Contact Information

Name: _____ Title: _____

Organization: _____

Address: _____ City: _____ Zip Code: _____

Phone: _____ Email: _____

Application Questionnaire

Do you provide treatment services? ☐Yes ☐No

Are you licensed by the State of Tennessee? ☐Yes ☐No

Are you certified by a nationally recognized standards organization such as the Joint Commission? ☐Yes ☐No If yes, please list which organization:
_____

Do you provide housing services? ☐Yes ☐No

Are you certified by a nationally recognized standards organization such as the National Alliance for Recovery Residences? ☐Yes ☐No If yes, please list which organization:
_____

Do you have consistent and fair practices for drug and alcohol testing? ☐Yes ☐No

Do you have policies and procedures to maintain an environment that promotes the safety of the surrounding neighborhood and the community at large? ☐Yes ☐No

Do you have policies and procedures for an exit plan for each client? ☐Yes ☐No

Do you have a good neighbor policy to address neighborhood concerns and complaints? ☐Yes ☐No

Do you keep an updated list of current medications and medical conditions for each client? ☐Yes ☐No

Do you have a policy that ensures that each client is informed of all rules and requirements? ☐Yes ☐No

Do you have policies and procedures for the management of all monies received and spent by your organization in accordance with standard accounting practices? ☐Yes ☐No

Do you have policies requiring abstinence from alcohol, illicit drugs, and Kratom? ☐Yes ☐No

Do you have policies regarding the maintenance of your facilities and compliance with local fire codes? ☐Yes ☐No

Do you have policies and procedures that prohibit you or your employees from requiring a client to relinquish public assistance benefits? ☐Yes ☐No

Do you have requirements for the notification of an emergency contact when a client dies due to an overdose? ☐Yes ☐No

Do you have policies and procedures that prohibit overnight visitors? ☐Yes ☐No

Do you have policies and procedures providing for the safety of clients and prohibiting violence, weapons, and other disruptive behavior? ☐Yes ☐No

Do you have requirements for sharing the physical locations and addresses of your facilities with local government agencies? ☐Yes ☐No

Do you have policies and procedures that mandate and define an ethical code of conduct, prohibit conflicts of interest, and provide a client rights and grievance procedure? ☐Yes ☐No

Membership Options (Please mail your check to 901 Broadway #22104, Nashville, TN 37202)

☐Revenue less than $100,000 ($250)
☐Revenue less than $500,000 ($500)
☐Revenue less than $1,000,000 ($750)
☐Revenue less than $2,000,000 ($1,000)
☐Revenue less than $10,000,000 ($1,250)
☐Revenue greater than $10,000,000 ($1,500)

Declaration

I certify, to the best of my knowledge, that the information provided above is accurate.

Signature: _____ Date: _____