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| **DEPARTMENT OF HEALTH SERVICES**  Division of Quality Assurance  F-02706 (06/2024) | | | | | **STATE OF WISCONSIN**  Wis. Stat. § 46.234 | | | | | |
| **RECOVERY RESIDENCE REGISTRY APPLICATION** | | | | | | | | | | |
| “Recovery residence” is defined as a home-like, residential environment that promotes healthy recovery from a substance use disorder through the use of peer recovery support.  [Recovery Residence Registry](https://www.dhs.wisconsin.gov/guide/recovresdir.pdf) will be updated 60 days after a completed application is received. Incomplete applications will be returned for resubmission within 10 business days from receipt of the application. The department will request a new application annually to confirm the Recovery Residence is still in operation. If a Recovery Residence closes or has changes to application information, please email [dhsdqamentalhealthaoda@dhs.wisconsin.gov](mailto:dhsdqamentalhealthaoda@dhs.wisconsin.gov).  Information provided on the application will be published on the public directory unless noted otherwise. Questions regarding this application may be directed to the Division of Quality Assurance (DQA), Behavioral Health Certification Section (BHCS) at [dhsdqamentalhealthaoda@dhs.wisconsin.gov](mailto:dhsdqamentalhealthaoda@dhs.wisconsin.gov). | | | | | | | | | | |
| Email this completed application to: | | | [dhsdqamentalhealthaoda@dhs.wisconsin.gov](mailto:dhsdqamentalhealthaoda@dhs.wisconsin.gov) | | | | | | | |
| **GENERAL RECOVERY RESIDENCE INFORMATION TO BE PUBLISHED ON THE REGISTRY** | | | | | | | | | | |
| Name – Recovery Residence *(Required)* | | | | | | | | | | |
| Address – Street Address *(Address is not published on the public registry)* | | | | | | City *(Required)* | | | | ZIP Code *(Required)* |
| Phone Number *(Required)* | | Email Address *(Optional)* | | | | | Website *(Optional)* | | | |
| Yes  No | This recovery residence accepts residents participating in medication-assisted treatment.\* | | | | | | | Number of Residents Allowed *(Required)* | | |
| ***\* Wis. Stat. § 46.234(3) requires acceptance of medication-assisted treatment residents to qualify for registration as a recovery residence.*** | | | | | | | | | | |
| Name – Organization Under Which the Recovery Residence Operates *(If applicable)* | | | | | | | | | | |
| List all organizations below that have certified this recovery residence. *(If applicable)* | | | | | | | | | | |
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| **ATTESTATION** | | | | | | | | | | |
| **Per Wis. Stat. § 46.234(2), the requesting recovery residence agrees to the following:** | | | | | | | | | | |
| * Operate with integrity, uphold resident rights, create a culture of empowerment where residents engage in governance and leadership, and develop abilities to apply the social model form of recovery that focuses on learning from the experiences of peers who are also in recovery. | | | | | | | | | | |
| * Provide a home-like, safe, and healthy environment. | | | | | | | | | | |
| * Facilitate active recovery and recovery community engagement, model positive social behavior and relationship enhancement skills, and cultivate residents’ sense of belonging and responsibility toward community. | | | | | | | | | | |
| * Maintain an environment in the residence that is free from alcohol and illicit drugs. | | | | | | | | | | |
| * Have courtesy rules for residents and be responsive to concerns of neighbors to the residence. | | | | | | | | | | |
| * Display the code of ethics, grievance procedure, and grievance contact information in the residence. | | | | | | | | | | |
| **I attest that this recovery residence will comply with all laws, rules, and regulations governing recovery residence registration in Wisconsin.** | | | | | | | | | | |
| **FULL SIGNATURE** – Attestor | | | | | | | | | Date Signed *(MM/dd/yyyy)* | |
| Full Name – Attestor *(Print or type)* | | | | Title – Attestor *(Print or type)* | | | | | | |