

3. TYPE OF ORGANIZATION

Place a check mark in the box that best describes your organization. Choose one answer per line.

<input type="checkbox"/>	FAITH-BASED *	<input type="checkbox"/>	COMMUNITY-BASED
<input type="checkbox"/>	EXISTING ATR PROVIDER **	<input type="checkbox"/>	NEW PROVIDER
<input type="checkbox"/>	GRASS-ROOTS***	<input type="checkbox"/>	CORPORATE
<input type="checkbox"/>	NON-PROFIT	<input type="checkbox"/>	FOR-PROFIT

* If you are a faith based provider, please indicate type of faith (example Christian, Muslim, etc.)

Type of Faith:

Denomination or Sect (example, Catholic, Baptist, etc.)

Denomination or Sect:

** If you are an existing ATR provider, place your DMH Vendor ID number here;

*** Grassroots organization has an annual budget of less than \$500,000.00 per year.

4. RECOVERY SUPPORT SERVICES

Recovery Support Service Check/Rank	Description of experience and service delivery plans
Care Coordination <input type="checkbox"/>	
Re-Entry Coordination <input type="checkbox"/>	
Child Care <input type="checkbox"/>	
Drop-In Center <input type="checkbox"/>	
Emergency/Temporary Housing <input type="checkbox"/>	
Extended Residential Support <input type="checkbox"/>	
Family Engagement-Individual <input type="checkbox"/>	
Family Engagement-Group <input type="checkbox"/>	

Pastoral Counseling- Individual <input type="checkbox"/>	
Pastoral Counseling-Group <input type="checkbox"/>	
Recovery Mentoring- Individual <input type="checkbox"/>	
Recovery Mentoring-Group <input type="checkbox"/>	
Spiritual Life Skills- Individual <input type="checkbox"/>	
Spiritual Life Skills-Group <input type="checkbox"/>	
Transportation-Mileage <input type="checkbox"/>	
Transportation-Public <input type="checkbox"/>	
Work Prep-Individual <input type="checkbox"/>	
Work Prep-Group <input type="checkbox"/>	

5. LIST NAMES AND SSN FOR EACH STAFF MEMBER OR VOLUNTEER THAT WILL PROVIDE RECOVERY SUPPORT SERVICES. Attach background check, and if appropriate, Addictions Academy certificate, ordination papers, and certification or licensure.

Name of Staff Member or Volunteer	Social Security #	Current Background check	Addiction Academy Attendance	Ordained	Resume or Biographic Sketch	RSAP, CSAC I, II or CASAC	LPC	LCSW	Licensed Psych
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

7. ATTACH COPIES OF THE FOLLOWING—As applicable to the services you will be providing

Attached	Not attached	Documentation required
<input type="checkbox"/>	<input type="checkbox"/>	Inspection report by a fire authority that the facility complies with the applicable local/state codes. (Annual inspections required for all properties.)
<input type="checkbox"/>	<input type="checkbox"/>	Occupancy and/or zoning permit from the local government (all properties).
<input type="checkbox"/>	<input type="checkbox"/>	State of Missouri Certificate of Good Standing
<input type="checkbox"/>	<input type="checkbox"/>	Completed Vendor Input Form (included with the application and required in order to issue a contract and enter your organization in the State Accounting and Payment System).
<input type="checkbox"/>	<input type="checkbox"/>	Program schedule including hours of operation for the services you will be providing.
<input type="checkbox"/>	<input type="checkbox"/>	Organizational chart identifying each ATR position.
<input type="checkbox"/>	<input type="checkbox"/>	Proof of appropriate driver's license and proper automobile insurance (if providing transportation).

8. SIGNATURES

(Agency Name) hereby applies for Credentialed Status by the Missouri Department of Mental Health, Division of Alcohol and Drug Abuse and Committed Caring Faith Communities as an ATR Recovery Support Program in accordance with applicable credentialing requirements. The agency agrees and understands that agents of the Division of Alcohol and Drug Abuse and/or Committed Caring Faith Communities may inspect the premises, review agency and personnel and client records, observe program operations, and interview employees and clients associated with the program(s). The agency agrees to comply with all written recommendations and requirements regarding compliance with credentialing requirements, as noted in reports issued by the Department of Mental Health, Division of Alcohol and Drug Abuse and Committed Caring Faith Communities.

SIGNATURE—CHIEF ADMINISTRATIVE OFFICER	DATE
SIGNATURE—GOVERNING BODY OR BOARD PRESIDENT	DATE