



Membership Application

Mission Statement:

Setting and maintaining the standard for quality and safety in recovery housing in Arizona.

New Member Member Renewal

*Include a \$50 non-refundable application fee with new member applications. Please make checks payable to AzRHA. Mail application and check to:

AzRHA
5101 N 17th Ave
Phoenix AZ 85015

Name: _____
(Organization, Agency, or Individual) *Date of Application*

Mailing Address: _____
Street *City* *State* *Zip*

Phone: _____ **E-Mail:** _____

Website: _____

Operator Type:

Non-Profit: Yes No **Active 501 (c) 3 – Status?:** Yes No **Tax ID#:** _____

Private Organization: Yes No **Name of Owner/Corporation:** _____

Agency/Organization/Individual Scope of Services or Business: _____

Do you offer housing services? Yes No **How many facilities?** ____ **How many beds?** _____

Housing Populations: (Check all that apply): Male (>17yrs.) Female (>17yrs.) Unaccompanied minors (<18yrs.) Families (parent >17 yrs.) Co-Ed Homeless Sex Offenders

Does your housing/program(s) require state licensure or other licensure by an authorized entity?
 Yes No **If yes, are your licenses current?** Yes No

Is your housing/program(s) in compliance with city, county, state, and/or federal regulations? Yes No

What services do you provide? Check all that apply:

- Food Case Management Counseling Job Assistance Life Skills 12-Step Meetings On-Site
 Computer Access/Internet Laundry Services Bedding Cable TV Telephone Bus Passes

Please list all other services provided: _____

Have you been an AzRHA member in the past? (Circle one) Yes No

If yes, when? _____

Why did you leave the organization?

Why do you want to rejoin the organization?

Are you willing to be a fully participating member of AzRHA? Yes No

Have you read Operating Policies and Ethics and Standards Guidelines? Yes No

Do you understand and agree to abide by Operating Policies and Ethics and Standards? Yes No

Have you read AzRHA Quality of Care Standards? Yes No

Do you understand and agree to institute AzRHA's Quality of Care Standards? Yes No

Do you agree to participate in an inspection of all your housing locations? Yes No

Are you willing to pay AzRHA membership dues as explained by AzRHA representative? Yes No

I hereby certify the above information and request membership in AzRHA.

Agency Representative(s):

Name	Title/Position	Phone
------	----------------	-------

Name	Title/Position	Phone
------	----------------	-------

Signature of Applicant/Representative	Title/Position	Date
---------------------------------------	----------------	------

Please list the addresses of all your housing locations:

Location #1 _____

Number of Beds Location #1 _____ Gender Served (Circle One): Male Female Co-Ed

Location #2 _____

Number of Beds Location #2 _____ Gender Served (Circle One): Male Female Co-Ed

Location #3
Number of Beds Location #3 _____ Gender Served (Circle One): Male Female Co-Ed

Location #4
Number of Beds Location #4 _____ Gender Served (Circle One): Male Female Co-Ed

Location #5
Number of Beds Location #5 _____ Gender Served (Circle One): Male Female Co-Ed

Location #6
Number of Beds Location #6 _____ Gender Served (Circle One): Male Female Co-Ed

(Use Additional Sheet for More Housing Locations, if Necessary)