



Attestations

It is understood by the representative(s) of the organization seeking certification with Kentucky Alliance of Recovery Residences (KYARR) that **KYARR is not responsible** for checking local or state codes for compliance. Responsibility for meeting local, state, and federal laws and codes lies with the owner/operator. The individual owner or organization seeking certification with KYARR assumes all liabilities for any misrepresentations.

The undersigned asserts the facility meets the following as required by each facility:

1. The organization requesting certification with **KYARR** is a legally recognized entity within the state of Kentucky and meets all legal expectations of such entities: reporting, maintaining records, providing financial data, etc.
2. The organization requesting certification with **KYARR** has a Federal Tax Identification Number, an Employee Identification Number (EIN) that is recognized by the Internal Revenue Service (IRS) of the United States Government.
3. The organization requesting certification with **KYARR** has State of Kentucky Incorporation Documents.
4. The individual facilities to be listed with **KYARR** meet all federal, state and local ordinances and building codes required for residential or institutional buildings.
5. The facilities to be listed with **KYARR** are regularly inspected by official fire inspectors and meet all expectations of said inspectors, including documenting fire extinguisher inspections and recording fire drills **(where required)**.
6. The facilities to be listed with **KYARR** have electrical, mechanical and structural components that are functioning and free from fire and safety hazards
7. The facilities to be listed with **KYARR** meet the expectations of all legally authorized inspection agencies (elevators, automated security systems, etc.), and management can produce documentation in support of such assertions upon request.
8. The organization requesting certification with **KYARR** maintains an accounting system and annual budget adequate for effective program management and meeting mandated reporting requirements.
9. The organization requesting certification with **KYARR** maintains appropriate record-keeping systems for employees and residents. Including any legally required criminal background checks.
10. The organization requesting certification with **KYARR** assures that minutes from The Board of Directors Meetings are documented and kept on file **(where applicable)**
11. The organization that manages the facilities maintains appropriate commercial liability insurance.
12. The organization requesting certification with **KYARR** has policies and procedures that comply with applicable confidentiality laws.
13. The organization that manages the facilities to be listed with **KYARR** attests that the residence meets local health, safety codes appropriate to the type of occupancy.

Name of owner/managing organization: _____

Headquarters Address: _____

List names and addresses of facilities for which the organization is seeking certification with KYARR:

1. _____

5. _____

2. _____

6. _____

3. _____

7. _____

4. _____

8. _____

I hereby assert that the facilities listed above meet all requirements above as well as any other requirements required by law or code for my location.

Typed (or printed) name of authorized representative: _____

Signature of authorized representative: _____

Date: _____

COMMONWEALTH OF KENTUCKY

COUNTY OF _____

The foregoing instrument was subscribed and sworn to and acknowledged before me this _____ day of _____, _____ by _____, known to me or whose identity was proven on the basis of satisfactory identification.

Notary Public, State at Large

My Commission Expires: _____