



FARR DATA SHEET FOR CERTIFICATION

FACILITY INFORMATION

DATE: \_\_\_\_\_

1st Facility Level: \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 Capacity: \_\_\_\_\_

Legal Facility Name: \_\_\_\_\_
D/B/A: \_\_\_\_\_
Full Address: \_\_\_\_\_
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_
Priority Population: \_\_\_ Male \_\_\_ Female
Bedrooms: \_\_\_\_\_ Bathrooms: \_\_\_\_\_
Single Occupancy: \$ \_\_\_\_\_ Double Occupancy: \$ \_\_\_\_\_
Inclusions: \_\_\_ Food \_\_\_ Cable \_\_\_ Internet \_\_\_ Other: \_\_\_\_\_
Rent is billed: \_\_\_ Weekly \_\_\_ Monthly \_\_\_ Other: \_\_\_\_\_

2nd Facility Level: \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 Capacity: \_\_\_\_\_

Legal Facility Name: \_\_\_\_\_
D/B/A: \_\_\_\_\_
Full Address: \_\_\_\_\_
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_
Priority Population: \_\_\_ Male \_\_\_ Female
Bedrooms: \_\_\_\_\_ Bathrooms: \_\_\_\_\_
Single Occupancy: \$ \_\_\_\_\_ Double Occupancy: \$ \_\_\_\_\_
Inclusions: \_\_\_ Food \_\_\_ Cable \_\_\_ Internet \_\_\_ Other: \_\_\_\_\_
Rent is billed: \_\_\_ Weekly \_\_\_ Monthly \_\_\_ Other: \_\_\_\_\_

3rd Facility Level: \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 Capacity: \_\_\_\_\_

Legal Facility Name: \_\_\_\_\_
D/B/A: \_\_\_\_\_
Full Address: \_\_\_\_\_
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_
Priority Population: \_\_\_ Male \_\_\_ Female
Bedrooms: \_\_\_\_\_ Bathrooms: \_\_\_\_\_
Single Occupancy: \$ \_\_\_\_\_ Double Occupancy: \$ \_\_\_\_\_
Inclusions: \_\_\_ Food \_\_\_ Cable \_\_\_ Internet \_\_\_ Other: \_\_\_\_\_
Rent is billed: \_\_\_ Weekly \_\_\_ Monthly \_\_\_ Other: \_\_\_\_\_

Administrator cannot administer more than 3 recover homes.



## BUSINESS OWNER'S INFORMATION

Owner's Name \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Email(s): \_\_\_\_\_

Is property owned or leased? \_\_\_\_\_

If leased, name & number of owner: \_\_\_\_\_

A copy of lease is required or notarized letter from owner issuing permission.

Items Needed (additional items will be discussed depending on Level type)

- Liability Insurance
- Evacuation Floor Plan

## ADMINISTRATOR'S INFORMATION

Administrator's Name: \_\_\_\_\_

Administrator's Number: \_\_\_\_\_

**Administrator cannot administer more than 3 recovery homes.**

**Administrator's requirements are attached.**

## COST

The cost depends on Facility Level of care, as each level has different requirements.

Prices can change as per FARR requirements increasing or at discretion of company.

### **Additional Cost:**

**Life Saving Skills Training: CPR/First Aid/HIV, Blood Borne Pathogens**

**Facility Preparation / Set Up**

## DISCLAIMER

Direct services not included are legal, medical, accounting and any service that was not agreed upon. If you request a referral and one is made, Arrendell's will not be liable for outcome.



## **CERTIFICATION**

I, the undersigned, certify that the financial information provided above in this questionnaire, for the FARR certification is true and correct to the best of my knowledge. I understand that I might be asked for more information or receipts and the certifying organization can deny my application if it determines that any of the information I provide is insufficient or unacceptable.

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Signature of Owner, Administrator or Manager      PRINT NAME      Date

**Return Completed Data Sheet Via Fax 305-956-5150 or Email: [office@arrendells.com](mailto:office@arrendells.com)**

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### **1. Where do I get the training to become a recovery residence administrator?**

[Training sites](#)

Prices can range from \$99.00 and up

### **2. What are the requirements to becoming a recovery residence administrator?**

[Requirements](#)

### **3. How long is the process?**

Approximately 3 to 4 months. Ultimately each applicant is different. Each applicant must consider that there are several steps and requirements, therefore your readiness in each step will determine the time in the process. Also, there are always outside factors that can affect the process.

### **4. What are the differences between the levels?**

[Levels I thru IV](#)

### **5. What is the fee for the FARR application certification?**

The fee is currently \$100.00. Farr can change the prices at their discretion.