



Thank you for your interest in becoming a certified Recovery Community Organization (RCO) through the Indiana Recovery Network. The Indiana Recovery Network welcomes all local and statewide non-profit organizations led and governed by individuals in recovery from addiction (including allies, friends, and family members of those in recovery) to apply for Recovery Community Organization certification.

Organizations with exclusionary requirements, such as recovery pathway-specific barriers including those that are abstinence-based, will be excluded from certification.

- Please note that organizations are not considered a certified recovery community organization (RCO) until certification approval status is granted.
- This application must be completed in its entirety and cannot be saved and submitted at a later date.

Section 1: About the Organization

1. Organization Name:
2. Name of Executive Director:
3. Email address of Executive Director:
4. Phone number of Executive Director:
5. Name of individual completing application:
6. Title/position of individual completing application:
7. Email address of individual completing this application:
8. Email address for application follow-up:



Is your organization accredited by the Council on Accreditation of Peer Recovery Support Services (CAPRSS)? Y/N

Address of organization:

9. Street address: City: County: State: Zip code:

10. Organization website:

11. Please provide your organization's mission statement:

12. Please provide your organization's vision statement:

13. When did your formalized organization (non-profit status established, by-laws exist, Board of Governance exist, Mission and Vision statement established, etc.) begin offering services (any combination of the three core strategies listed in the RCO self-assessment)? (MM/DD/YYYY)

14. Please describe how your organization engages in the three core principles of a recovery community organization.

- a) **Recovery vision:** This is your organization's recovery vision statement for the community you serve. EX: "A community in which no one loses their life to SUD." [Recovery community organizations focus on the reality of long-term recovery from addiction to alcohol and other drugs. The recovery community organization, its leaders, and members have a singular goal: enhancing the quantity and quality of support available to people seeking and experiencing long-term recovery from addiction.]

- b) **Authenticity of voice:** Through this principle, please tell us how your organization is using the voice of the recovery community to inform programs and services you provide. Also include how your organization is made up of recovery community members. [RCO's represent the interests of the recovery community. A guiding principle is self-governance, mutual aid, and support. RCO's are developed to serve communities, with leadership by and for community members.]



- c) **Accountability to the recovery community:** Tell us how your organization is providing services based on the needs of the recovery community and adapts to evolving needs over time. Also include if you conduct informal or formal assessments or surveys.
[RCO's credibility and effectiveness depends on their ability to be accountable and responsive to the community they work in and with, this means being an independent, stand-alone nonprofit organization, where they can manage their relationships with other organizations. Independence allows a recovery community organization to bridge the gaps between the recovery community and government agencies, the criminal justice system and the larger network of health and human services providers. The recovery community organization's real strength is drawn not from its links to other service organizations but from the authentic voice of the individuals in the recovery community who relate to and actively support it.]

15. How many paid staff members does your organization have?

16. How many volunteers does your organization have?

Section 2: Governance

1. What is the current non-profit status of your organization? (Select the one that best applies)
 - a. Independent 501(c)(3)
 - b. Operating under an existing 501(c)(3) which functions as the fiscal agent
 - i. If operating under a fiscal agent, please provide the name of the organization.
 - ii. If your fiscal agent is a treatment provider, does your recovery organization have an independent autonomous Board of Directors? Y/N
 - iii. Is your fiscal agent a registered provider with Recovery Works? (Please note if your fiscal agent is a registered provider with Recovery Works, should you meet RCO certification requirements, your RCO will not be eligible for Recovery Works peer support billing).



2. Please describe the makeup of your Board of Directors including the number of individuals on your board.
3. What percentage of your board members identify as being in recovery from substance use disorder?

Section 3: Activities and Programs

1. Please describe in detail how your organization engages in one or more of the three core strategies of a recovery community organization (core strategies listed in the RCO self-assessment).
 - a. Public education: Educate the public, policy makers, service providers, and the media about the reality of recovery offers hope and dispels myths and pessimism about the power and reality of long-term addiction recovery. This strategy also draws attention to the social and policy barriers facing people in and seeking recovery.
 - b. Recovery Advocacy: Addressing the public policy barriers that keep people from sustaining their recovery long term. Advocacy is aimed at ending the punishment and incarceration of people for their status as people with histories of addiction.
 - c. Peer and other recovery support services: Deliver a variety of peer recovery support services and places to deliver those services which include recovery coaching, telephone recovery support services, all-recovery meetings, and community-wide safe social activities, workshops, meetings, and resource connections.
2. Does your recovery organization provide clinical treatment services? (Y/N)
 - a. If you answered yes to the above question, please provide details regarding clinical treatment services offered by your organization:
 - b. If your organization provides clinical treatment services what percentage of these services makes up the annual budget/funding for your organization?



3. Please describe how your organization engages members of the recovery community in service and program development:
4. Does your organization provide leadership opportunities and/or professional development for members of the recovery community, including staff and volunteers?
5. Does your organization support multiple pathways of recovery?
6. Does your organization provide recovery support services to all individuals regardless of their pathway of recovery?

Section 4: Application submission

1. I am aware that my organization is not considered a certified recovery community organization (RCO) until certification approval status is granted. (Y/N)
2. I have read the “National Standards of Best Practices for Recovery Community Organizations,” created by Faces and Voices of Recovery and have completed the RCO self-assessment. (Y/N)
3. Date application submitted: