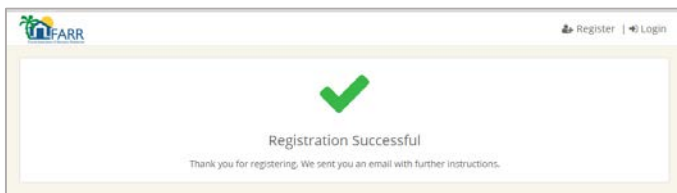
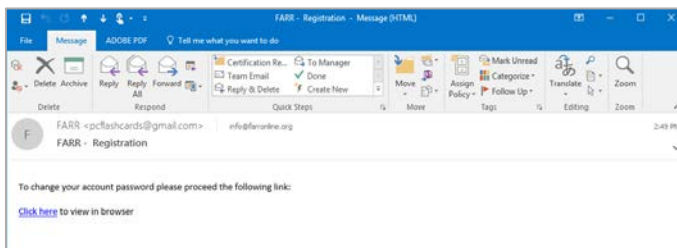
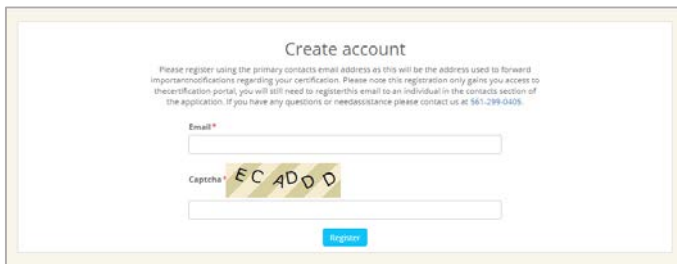
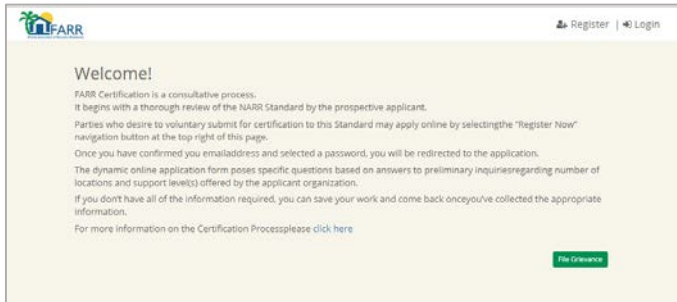




# Provider User Guide

# Registration



1. From the landing page click “Register“ from the top right hand corner.
2. Enter the email address you wish to register (Please note: all notifications and alerts will go to this address) and CAPTCHA text as shown to validate you are a human being 😊
3. You will receive an email. (Please check your junk/spam folders if it doesn't arrive in your inbox)
4. Click the link provided in the email to be redirected to the Certification Application
5. Enter your desired password (at least 6 characters in length), then click “Confirm”
6. You will receive a successful registration notice.
7. You may now click the “Login” link in the top right hand of the screen and enter your registered information.

# Apply for Certification

The screenshot shows a web application interface for Step 1: Organization Information. The form includes the following fields:

- Company / DBA name: Serenity Sober Home
- Legal Entity Name: Serenity Sober, LLC
- Type of organization: Limited Liability (LLC)
- Company billing address: 789 Blue Street
- Zip: 33426
- City: Boynton beach
- State: Florida
- Office phone: 1 (561) 000-0000
- Company website: www.SERENITY.com
- How many residences do you operate?: 2

The screenshot shows a series of questions regarding ownership interest in other providers and labs:

- Do any of the owners identified in this application also have an ownership interest in a licensed Florida behavioral healthcare provider?  Yes  No
- If yes, please list the name(s) of the licensed Florida behavioral healthcare provider(s): ABC Treatment Center
- Do any of the owners identified in this application also have an ownership interest in a licensed, independent use, confirmatory lab?  Yes  No
- If yes, please list the name(s) of the licensed, independent use, confirmatory lab(s): ABC Labs
- Do you offer housing scholarships for qualified applicants?  Yes  No
- Have you read and understood the Certified Residence requirements?  Yes  No
- Have you read, and do you agree to comply with the NARR Standards and Code of Ethics?  Yes  No

Buttons: Save & Continue, Cancel

**\*\*Note:** Application will not be saved without completion of Step 1. From here you may come back at a later date to complete application if all required information is not available.

4. Step 1 includes entering data pertaining the legal entity and organization. The following is a complete list of required fields:

- DBA Name
- Legal Name
- Type of organization
- Company billing/ mailing address
- Zip code
- City
- State
- Office Phone Number (will be displayed publicly once provider is found in compliance)
- Website
- # of Physical Locations
- Ownership in a licensed behavioral-healthcare provider
- Name of Licensed Entity (if applicable)
- Ownership in a independent, licensed, or confirmation laboratory?
- Name of laboratory (If applicable)
- Does provider offer scholarships?

5. Once all information has been entered click the green "Save & Continue" button.

# Apply for Certification

Dashboard Organizations Residences Contacts Credentials

Step 1 Step 2 Step 3 Step 4 Step 5 Step 6 Step 7 Step 8

### Step 2: Add Contacts

Contact 1 Information

First Name\*  
Steve

Last Name\*  
Farnsworth

Title\*  
Owner

Direct Phone\*  
1 (561) 222-9212

Direct Email\*  
steve@feronline.org

Credentials  
CRS

Previous Training  
CRS, Nantux

Roles\*

Is this the primary contact for FARR Certification Administrators and Inspectors?  
 Is this person a Peer Leader? (House Parent, Peer Councilor)  
 Is this person a Certified Recovery Residence Administrator?  
 Does this person have ownership in this organization?

Add another contact  
Save & Continue Cancel

## Designation Queue

- **Primary Contact:** Select this option if this is the/an individual that should be contacted by the credentialing entity for certification purposes and compliance concerns.
- **Peer Leader:** Select this option if this individual is the peer leader/house manager/house parent responsible for oversight of one or multiple residences. \*\*Note during Step 3 this individual will be linked to one or multiple residences and must be entered now in order to progress through application.
- **CRRA:** Select this option if this individual is a CRRA or is in the process of obtaining their CRRA credential.
- **Ownership:** Select this option if this individual has ownership in the organization.

6. Step 2 consists of entering all owners, staff, managers, peer leaders associated with the entity and their contact information. The following information is required in order to save a contact:

- First Name
- Last Name
- Title
- Direct phone number
- Direct email
- Credential held
- Training completed

7. Select this appropriate designations for the individual

8. Use the blue “Add another contact” button to enter as many individuals as needed.

# Apply for Certification

Step 1 Step 2 Step 3 Step 4 Step 5 Step 6 Step 7 Step 8

### Step 3: Residence Information

Residence 1 Information

Level of Support: [help](#)

I  
 II  
 III  
 IV

Residence Name: \*  
Severity House 1

Residence Address: \*  
5455 Boynton Bay Circle

Residence Address 2: \*

Zip: \*  
33437

City: \*  
Boynton Beach

State: \*  
Florida

County: \*  
Palm Beach

Peer Leader Name: \*  
Corbin Person

Property type: \*  
 Single Family  
 Multi Family  
 Converted Lodging

Number of Units: \*  
3

Number of Bedrooms: \*  
5

Number of Bathrooms: \*  
3

Number of Beds: \*  
12

Property Ownership: \*  
Owned by member

Do you welcome persons on a Medication Assisted Treatment protocol at this location?  
 Yes  
 No

Gender: [help](#)

Women  
 Men

Priority populations: \* Check all that apply

LGBTQ  
 Veterans  
 Women with Children  
 Pregnant  
 Court Order / DOC / jail Diversion  
 Per-Friendly  
 Handicap Accessible  
 Sex Offenders

Recovery path: Check all that apply

12 Step  
 Faith-based  
 Celebrate Recovery  
 SMART

Is your residence abstinence based? \*  
 Yes  
 No

Is food included in fees? \*  
 Yes  
 No

Do you manage residence funds? \*  
 Yes  
 No

Date established: \*  
05/21/2011 X

### Program Fees

Billing Frequency: \*  
Weekly

Shared Room Amount: \*  
200.00

Private Room Amount: \*  
400.00

Administrative Fees: \*  
190.00

Deposits Amount: \*  
0

Full Move in Cost: \*  
350.00

Pro-rated Amount: \*  
0

[Save & Continue](#) [Cancel](#)

9. Step 3 consists of entering the required information for EACH location operated. The following information is required for each location:

- Level of Support
- Residence name
- Residence address
- Zip
- City
- State
- County
- Peer Leader (selected via dropdown from previously entered staff contacts)
- Property Type
- # of Units
- # of Bedrooms
- # of Bathrooms
- # of Beds
- Property Ownership
- MAT acceptance?
- Gender Served
- Recovery Path
- Priority Population
- Abstinence based?
- Meals provided?
- Clients funds managed?
- Location fee schedule

\*\*Property Type: "Converted lodging" applies to converted hotel/motels/assisted living facilities/dormitories

Continued →

# Apply for Certification

Step 1 Step 2 Step 3 Step 4 Step 5 Step 6 Step 7 Step 8

## Step 3: Residence Information

Residence 1 Information

Level of Support: [help](#)

I  
 II  
 III  
 IV

Residence Name: \*  
Serenity House 1

Residence Address 1: \*  
5455 Boynton Bay Circle

Residence Address 2: \*

Zip: \* 33437 City: \* Boynton Beach State: \* Florida

County: \*  
Palm Beach

Peer Leader Name: \*  
Corbin Person

Property type: \*  
 Single Family  
 Multi Family  
 Converted Lodging

Number of Units: \* 3 Number of Bedrooms: \* 6 Number of Bathrooms: \* 3

Number of Beds: \* 12 Property Ownership: \*  
Owned by member

Do you welcome persons on a Medication Assisted Treatment protocol at this location?  
 Yes  
 No

Gender: [help](#)

Women  
 Men

Recovery path: Check all that apply

12 Step  
 Faith-based  
 Celebrate Recovery  
 SMART

Priority populations: \* Check all that apply

LGBTQ  
 Veterans  
 Women with Children  
 Pregnant  
 Court Order / DOC / jail Diversion  
 Pet-Friendly  
 Handicap Accessible  
 Sex Offenders

Is your residence abstinence based? \*  
 Yes  
 No

Is food included in fees? \*  
 Yes  
 No

Do you manage residence funds? \*  
 Yes  
 No

Date established: \*  
05/21/2011 X

### Program Fees

Billing Frequency: \*  
Weekly

Shared Room Amount: \* 200.00 Private Room Amount: \* 400.00

Administrative Fees: \* 150.00 Deposits Amount: \* 0 Full Move in Cost: \* 350.00

Pro-rated Amount: \*  
0

[Save & Continue](#) [Cancel](#)

10. Click green “Save & Continue” button before proceeding to enter additional locations, if applicable

# Apply for Certification

The screenshot shows a web form titled "Step 4: Certification & Compliance Agreement". At the top, there is a progress bar with steps 1 through 8, where Step 4 is highlighted. Below the title, there is a blue hyperlink that says "Click Here to download the Certification & Compliance Agreement". The form contains several input fields: "Organizations\*" with the value "Serenity House", "Full Name\*" with "Steve Farnsworth", "Title\*" with "Owner", and "Date\*" with "06/15/2018". There is a "Save & Continue" button at the bottom right. Below the form, there is a section titled "FARR Certification & Compliance Agreement" containing several paragraphs of text and a "NARR Core Principle: Uphold Resident Rights" section.

11. Step 4 consists of an authorized individual agreeing to comply and abide by the Certification & Compliance Agreement. A copy of the agreement is available for download/print via blue “click here” hyperlink above the entry fields.

12. Once authorization has been entered, click the green “Save & Continue” button to submit application to credentialing entities Certification Administrator for review.

## FARR Certification & Compliance Agreement

### NARR Core Principle: Operate with Integrity

I attest and affirm that our organization is in compliance with NARR Quality Standards 01 through 05 in their entirety and will remain compliant with same.

I attest and affirm that the submission of this application for voluntary certification of compliance with NARR Quality Standards for Recovery Residences, NARR Code of Ethics and other criteria as specified by F.S. 397.497 truthfully represents full disclosure of facts pertaining to ownership, management and staffing of all recovery residence locations operated by our program and that all policies, procedures, and protocols documented by this submission accurately describe the operational practices of our organization, management, staff and volunteers.

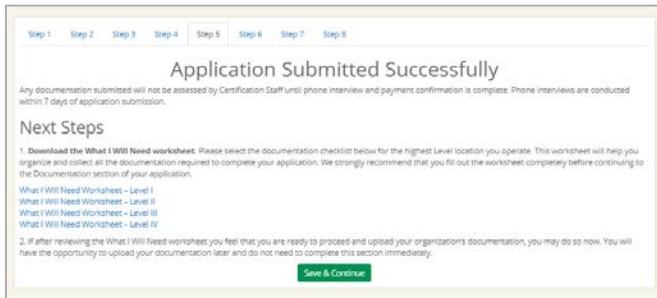
I attest and affirm that, should the FARR Certification Administrator, Compliance Administrator and/or Field Assessor request an opportunity to review, partially or in their entirety, financial records pertaining to the operation of the residence seeking voluntary certification for compliance verification purposes, the requested documents will be provided upon request without cost or delay.

I understand and agree that should it be assessed by the FARR Compliance Committee, in their sole determination, that this application does not truthfully and accurately represent full disclosure of facts and operational practices of our organization, sanctions will be applied without further recourse which may include immediate revocation of our organization's Certificate of Compliance.

### NARR Core Principle: Uphold Resident Rights

I understand and agree that should it be assessed by the FARR Compliance Committee, in their sole determination, that this application does not truthfully and accurately represent full disclosure of facts and operational practices of our organization, sanctions will be applied without further recourse which may include immediate revocation of our organization's Certificate of Compliance.

# Apply for Certification



13. Step 5 concludes the submission of the application for certification and allows provider to download a copy of the compliance documentation requirements appropriate the providers level of support to the provider.

**Compliance Documentation Checklist** 03/2016 CA  
Level IV

**Instructions:** Each of the following sections below represents their own individual documentation package. Please consolidate all listed items beneath each category as seen below and upload complete manual. Use the "Page #" and "Paragraph #" fields to specify where each of the following policies, procedures, and/or protocols are listed within your documentation manual. Each section should be considered a single upload.

| Program Documents |             |  |             |
|-------------------|-------------|--|-------------|
| Page #            | Paragraph # | Item   | Requirement |
|                   |             | Proof of Legal Business Entity (Business License, Articles of Incorporation) |             |
|                   |             | Marketing Materials (Brochures, Flyers, etc.)                                |             |

| P&P Manual |             |  |                |
|------------|-------------|--|----------------|
| Page #     | Paragraph # | Item                                       | Requirement    |
|            |             | Mission Statement                          |                |
|            |             | Vision Statement                           |                |
|            |             | Code of Ethics                             |                |
|            |             | Confidentiality Policy & Procedure         |                |
|            |             | Resident Screening Policy & Procedure      |                |
|            |             | Resident Orientation Policy & Procedure    |                |
|            |             | Hardship Scholarship Assessment Policy     | *if applicable |
|            |             | Policies Concerning Paid Work to Residents | *if applicable |
|            |             | Good Neighbor Policy & Procedure           |                |
|            |             | Hazardous Items Search Policy & Procedure  |                |

1 | Page

**\*\*\*Note:** if provider operates multiple levels of support, it is suggested to provide the checklist for the highest level if support offered.



# Apply for Certification

Step 1 Step 2 Step 3 Step 4 Step 5 Step 6 Step 7 Step 8

## Organization Documentation

Note: Only .doc, .docx, .rtf, .xls, .xlsx and .pdf files are allowed.

Program Documents  
For this section you will upload the following individual documents:

Proof of Legal Business Entity (Business License, Articles of Incorporation)

Marketing Materials (Brochures, Flyers, etc.)

Policy & Procedure Manual  
For this section you will upload one "master" document that will contain, at minimum, the documentation required below.

| Page # | Paragraph # | Documentation Required                      |
|--------|-------------|---|
|        |             | Mission Statement                           |
|        |             | Vision Statement                            |
|        |             | Code of Ethics                              |
|        |             | Confidentiality Policy & Procedure          |
|        |             | Resident Screening Policy & Procedure       |
|        |             | Resident Orientation Policy & Procedure     |
|        |             | Handicap Scholarship Assessment Policy      |
|        |             | Policies Concerning Paid Work to Residents  |
|        |             | Good Neighbor Policy & Procedure            |
|        |             | Hazardous Items Search Policy & Procedure   |
|        |             | Emergency Policy & Procedure                |
|        |             | Medication Storage & Use Policy & Procedure |

|  |  |  |
|--|--|--|
|  |  | Medication Storage & Use Policy & Procedure & Consent                  |
|  |  | Drug Testing and/or Toxicology Policy & Consent                        |
|  |  | Recurrence of Use Policy & Procedure & Consent                         |
|  |  | Discharge Policy & Procedure & Consent                                 |
|  |  | Emergency Policy & Procedure   |
|  |  | Emergency/Non-Emergency Contact Sheet                                  |
|  |  | Resident Rights & Requirements   |
|  |  | Grievance Policy & Procedure & Consent                                 |
|  |  | Grievance Form   |
|  |  | Maintenance Repair Request Forms                                       |
|  |  | Resident Lease and/or Guest Agreement (Financial Obligation Agreement) |
|  |  | Community Resource Guide   |

Recovery Support  
For this section you will upload the following individual documents:  
All Policies, Procedures and Forms that relate to the collected and evaluation of process and outcome data for quality improvement

Delete Me

1. Step 6 consists of uploading required compliance documentation for review.
2. Click the "Upload" button for the appropriate documentation section and attach the corresponding file.
3. If "Page" / "Paragraph" table is present, it is required to be filled out in order to expediate documentation review.
4. When finished click the green "Save & Continue" button to submit your documentation for review.

\*\*\*Please note: This does not need to be completed during initial application.

\*\*\*Documentation will not be assigned to an assessor for review until the Certification Administrator has completed a phone interview with the authorized person for your organization and until payment has been received.

# Apply for Certification

The screenshot shows a web interface for 'Location Documentation' at Step 7 of an 8-step process. It is divided into two sections: 'Residence 1' and 'Residence 2'. Each section lists five required documents: 'Acknowledgement Letter from Property Owner', 'Liability Cover Policy and any other insurance policies held by entity for this location', 'Safety Self Assessment Checklist', 'Evacuation Map', and 'Copy of DCF Issued License'. Each document has a blue 'Upload File' button. At the bottom of the 'Residence 1' section, there is a green 'Save & Continue' button.

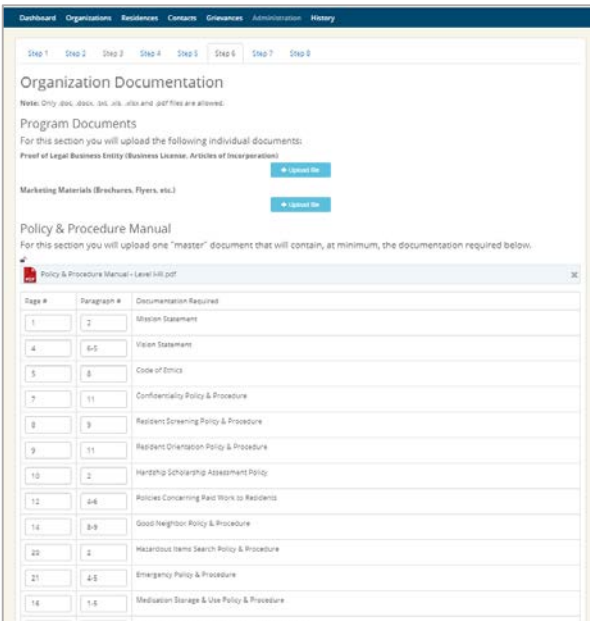
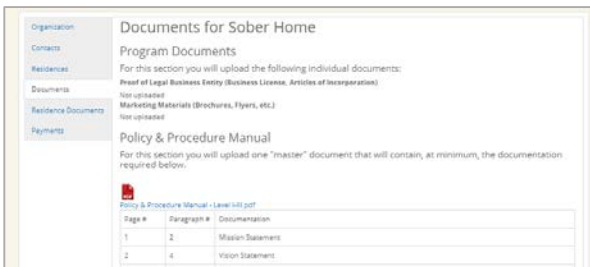
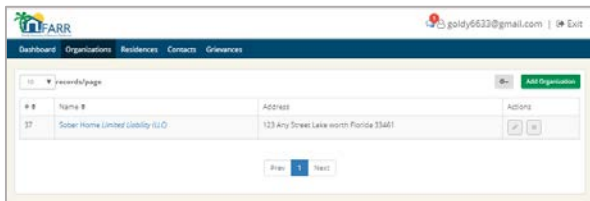
1. Step 7 consists of uploading required compliance documentation for each location.
2. Click the “Upload” button for the appropriate document, attach the corresponding document.
3. Click the “Save & Continue” button for each location prior to moving forward, if applicable.
4. Repeat for each location.
5. Step 8 acknowledges we have received your submitted documentation.

The screenshot shows a confirmation screen titled 'Documents Submitted Successfully'. It includes a progress bar at the top with 'Step 7' highlighted. Below the title is a paragraph of placeholder text: 'Lorem ipsum dolor sit amet, consectetur adipiscing elit. Nulla quam velit, vulputate eu pharetra nec, mattis ac neque. Duis vulputate commodo lectus, ac blandit elit tristique id. Sed rhoncus, tortor sed eleifend tristique, tunc mauris molestie elit, et lacrima ipsum quam nec du.' At the bottom, there is a blue button labeled 'My Dashboard'.

\*\*\*Please note: This does not need to be completed during initial application.

\*\*\*Documentation will not be assigned to an assessor for review until the Certification Administrator has completed a phone interview with the authorized person for your organization and until payment has been received.

# Upload Compliance Documentation – Post Application

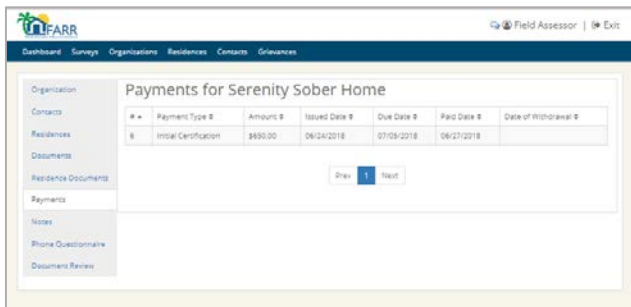


1. Click the “Organization” tab from the top navigation bar.
2. Click the hyperlink to the appropriate organization.
3. Select “Documents” or “Residence Documents” depending on the file type.
4. Click the “Upload” button for the appropriate documentation section and attach the corresponding file.
5. If “Page” / “Paragraph” table is present, it is required to be filled out in order to expediate documentation review.
6. When finished click the green “Save & Continue” button to submit your documentation for review.

\*\*\*Documentation will not be assigned to an assessor for review until the Certification Administrator has completed a phone interview with the authorized person for your organization and until payment has been received.

\*\*\*Documentation is not required to be submitted all at once, however, providing Certification staff with all of the requested documentation will expediate your certification review.

# View Payment Requests & History



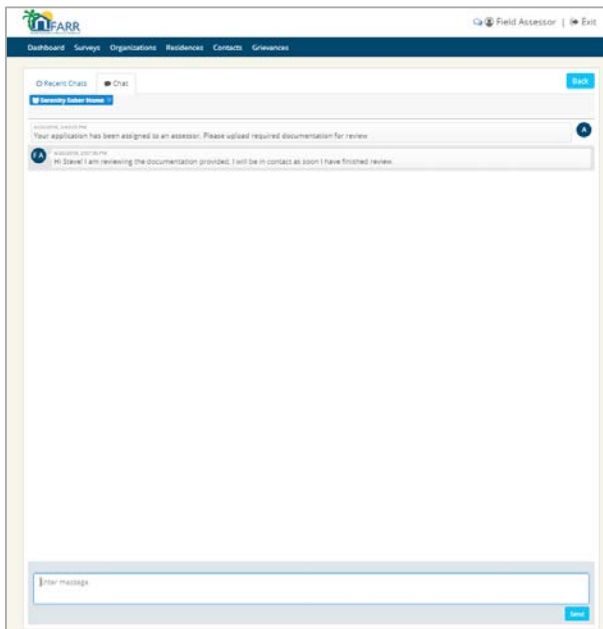
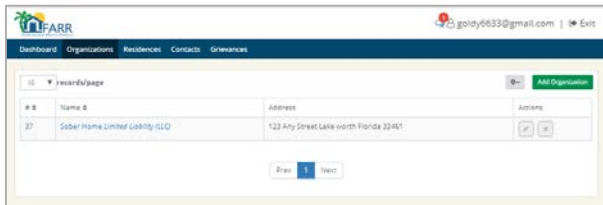
The screenshot shows the U-FARR system interface. The top navigation bar includes 'Dashboard', 'Surveys', 'Organizations', 'Residences', 'Contacts', and 'Grievances'. The user is logged in as 'Field Assessor'. The main content area is titled 'Payments for Serenity Sober Home'. On the left, there is a navigation menu with options: 'Organization', 'Contacts', 'Residences', 'Documents', 'Residence Documents', 'Payments', 'Notes', 'Phone Questionnaire', and 'Documents Review'. The 'Payments' section is active, displaying a table with the following data:


| Payment Type # | Amount #              | Issued Date # | Due Date # | Paid Date # | Date of Withdrawal # |
|----------------|-----------------------|---------------|------------|-------------|----------------------|
| 1              | Invoice Certification | \$450.00      | 06/24/2018 | 07/09/2018  | 06/27/2018           |

Below the table, there are 'Prev' and 'Next' buttons.

1. From the organizations record select the “Payment” hyperlink from the left navigation bar.
2. Providers can view providers payment history but do not have the ability to add or edit payments, neither do Field Assessors. Providers would need contact the Certification Administrator.
3. Payments cannot be made from the Certification Portal, please look at your invoice for payment instructions.

# Chat with Certification Staff



1. Select organizations from the top navigation bar.
2. Select the link for the organization to reference.
3. Click the  icon at the right of the organizations listing.
4. From the chat view, click the “Chat tab”
5. Enter communication then click “Send”
6. When you receive a response you will be notified by email. You will also be alerted to any unread chat notifications via RED chat notice in the right hand screen next to your account login.

# Edit Organization Information

The screenshot shows the FARR dashboard with a navigation menu (Dashboard, Organizations, Residences, Contacts, Grievances). A table lists organizations with columns for Name, Address, and Actions. The first row is selected, showing 'Serenity Sober Home Limited Liability LLC' at '789 Blue Street Boynton beach Florida 33426'. A green 'Add Organization' button is in the top right, and 'Pre' and 'Next' buttons are at the bottom.

The screenshot shows the 'Organization - Serenity Sober Home' edit page. A left sidebar contains tabs for Organization, Contacts, Residences, Documents, Residency Documents, and Payments. The main area displays 'No assessment' and 'New Application' buttons. Below is an 'Information' section with fields for Legal Entity Name (Serenity Sober, LLC), Corporation Type (Limited Liability (LLC)), Address (789 Blue Street, Boynton beach, Florida 33426), Phone (1 (841) 000-0000), and Web Site (www.SERENITY.com). Other fields include Number of Residences (2), Organization Additional Training (NO), Ownership in Health Care provider (YES), ABC Treatment Center, Read NARR Standards & Code of Ethics (YES), and Reviewed CR Requirements (YES). A blue 'Edit' button is in the bottom right.

The screenshot shows the 'Step 1: Organization Information' form. It includes fields for Company / DBA name (Serenity Sober Home), Legal Entity Name (Serenity Sober LLC), Type of organization (Limited Liability (LLC)), Company billing address (122 Ivy Street), Zip (32841), City (Lake worth), State (Florida), Office phone (1 (841) 288-1728), and Company website (www.soberhome.com). It also has a dropdown for 'How many residences do you operate?' (2) and a section for 'Do any of the owners identified in this application also have an ownership interest in a licensed Florida behavioral healthcare provider?' (Yes) with a text area for 'ABC Treatment Center'.

1. From the “organizations” tab click the link for the organization with updated information.
2. Click to blue “Edit” button in the left hand of the organization box.
3. Edit pertinent information, then click the green “Save & Continue” button.

\*\*\* Please note you do not have permission to delete or close an organization, if you require assistance you will need to contact the Certification Administrator.

# Edit Contact Information

|    | First Name | Last Name  | Title        | Phone | Email                 | Actions |
|----|------------|------------|--------------|-------|-----------------------|---------|
| 37 | Corbin     | Personi    | House Parent |       | corbin@farronline.org |         |
| 36 | Steve      | Farnsworth | Owner        |       | steve@farronline.org  |         |

Organization: Sober Home

First Name: Kalyse Last Name: Manager

Title: House Manager Direct Phone: 1 (561) 999-0000

Direct Email: goldy6633@hotmail.com

Credentials: Recovery Coach

Previous Training: None

Roles:

- Is this the primary contact for FARR Certification Administrators and Inspectors?
- Is this person a Peer Leader? (House Parent, Peer Councilled)
- Is this person a Certified Recovery Residence Administrator?
- Does this person have ownership in this organization?

Save Delete Cancel

1. Click the “Contacts” tab from the top navigation pane.
2. Click the icon on the right of the applicable individuals contact entry.
3. Edit to appropriate information
4. Click the “Save” button.

# Add Contact Information

1. Click the “Contacts” tab from the top navigation pane.
2. Click the “Add Contact” button on the top of the Contacts table.
3. Enter the required information
4. Click the “Save” button.

\*\*\*Note: Additional Owners and Directors will require a Level II background to be completed within 30 days.

\*\*\*Additional CRRA's will require verification from Certification Staff before being assigned to a Certified Location.

## Designation Queue

- **Primary Contact:** Select this option if this is the/an individual that should be contacted by the credentialing entity for certification purposes and compliance concerns.
- **Peer Leader:** Select this option if this individual is the peer leader/house manager/house parent responsible for oversight of one or multiple residences. \*\*Note during Step 3 this individual will be linked to one or multiple residences and must be entered now in order to progress through application.
- **CRRA:** Select this option if this individual is a CRRA or is in the process of obtaining their CRRA credential.
- **Ownership:** Select this option if this individual has ownership in the organization.



# Remove a Contact

Dashboard Organizations Residences Contacts Grievances

10 records/page Search... Add Contact

| ID | First Name | Last Name  | Title        | Phone | Email                 | Actions |
|----|------------|------------|--------------|-------|-----------------------|---------|
| 37 | Corbin     | Personi    | House Parent |       | corbin@farronline.org |         |
| 36 | Steve      | Farnsworth | Owner        |       | steve@farronline.org  |         |

Prev 1 Next

1. Click the “Contacts” tab from the top navigation pane.
2. Click the icon on the right of the applicable individuals contact entry.
3. Click the “Delete” button.

Organization: Sober Home

First Name: Kalyse Last Name: Manager

Title: House Manager Direct Phone: 1 (561) 999-0000

Direct Email: goldy6633@hotmail.com

Credentials

Recovery Coach

Previous Training

None

Roles

Is this the primary contact for FARR Certification Administrators and Inspectors?



Is this person a Peer Leader? (House Parent, Peer Councilor)

Is this person a Certified Recovery Residence Administrator?

Does this person have ownership in this organization?

Save Delete Cancel

# Edit Residence Location

| ID | Name       | Organization                       | Address                             | Actions   |
|----|------------|------------------------------------|-------------------------------------|---|
| 23 | blue house | Sober Home Limited Liability (LLC) | 123 street Lake worth 33461 Florida |   |

Organization: Sober Home

Level of Support: I

Residence Name: blue house

Residence Address: 123 street

Residence Address 2:

Zip: 33461 City: Lake worth State: Florida

County:

Peer Leader Name: Kalise Manager

Property type: Single Family

Number of Units: 1 Number of Bedrooms: 4 Number of Bathrooms: 2


Number of Beds: 8 Property Ownership: Owned by member

Do you welcome persons on a Medication Assisted Treatment protocol at this location? No

Gender: Male

Priority populations: Pregnant, Court Order / DOC / jail Diversion, Pet Friendly

Recovery path: 12 Step, Faith-based, Celebrate Recovery, SMART

1. Click the “Residences” tab from the top navigation pane.
2. Click the  icon next to the location with updated information.
3. Edit to appropriate information.
4. Click the “Save” button at the bottom of the location record.

# Add Residence Location

The screenshot shows the FARR dashboard with the 'Residences' tab selected. At the top, there are navigation links for Dashboard, Organizations, Residences, Contacts, and Grievances. Below the navigation is a search bar and an 'Add Residence' button. A table lists existing residences with columns for ID, Name, Organization, Address, and Actions. The first row shows ID 23, Name 'blue house', Organization 'Sober Home Limited Liability (LLC)', and Address '123 street Lake worth 33461 Florida'. Below the table are 'Prev' and 'Next' buttons.

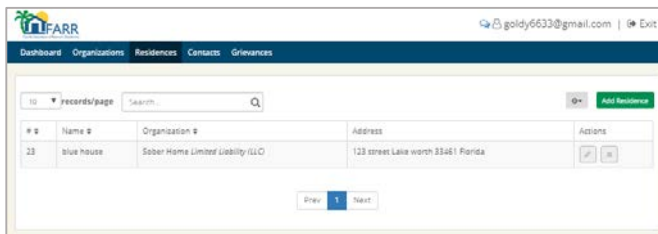
| ID | Name       | Organization                       | Address                             | Actions         |
|----|------------|------------------------------------|-------------------------------------|-----------------|
| 23 | blue house | Sober Home Limited Liability (LLC) | 123 street Lake worth 33461 Florida | [edit] [delete] |

The screenshot shows the 'Add Residence' form in the FARR dashboard. The form is titled 'Organization: Sober Home' and includes a 'Level of Support' dropdown menu. The 'Residence Name' field contains 'blue house'. The 'Residence Address' field contains '123 street', and the 'Residence Address 2' field is empty. The 'Zip' field contains '33461', the 'City' field contains 'Lake worth', and the 'State' dropdown menu is set to 'Florida'. The 'County' field is empty. The 'Peer Leader Name' dropdown menu is set to 'Kalysa Manager'. The 'Property type' dropdown menu is set to 'Single Family'. The 'Number of Units' field contains '1', the 'Number of Bedrooms' field contains '4', and the 'Number of Bathrooms' field contains '2'. The 'Number of Beds' field contains '2'. The 'Property Ownership' dropdown menu is set to 'Owned by member'. The 'Do you welcome persons on a Medication Assisted Treatment protocol at this location?' dropdown menu is set to 'No'. The 'Gender' dropdown menu is set to 'Her/She'. The 'Recovery path' section includes checkboxes for '12 Step', 'Fell-based', 'Celebrate Recovery', and 'SMART'. The 'Priority population' section includes checkboxes for 'LGBTQ', 'Veterans', 'Women with Children', 'Pregnant', 'Court Order / DOC / jail Diversion', and 'Pet Friendly'.



1. Click the “Residences” tab from the top navigation pane.
2. Click the “Add location” button at the top of the Residence table.
3. Enter the required information.
4. Click the “Save” button at the bottom of the location record.


\*\*\*Note: You will receive an invoice for the additional location and you will be required to submit the required compliance documentation via the “Residence Documents” section prior to Onsite Assessment or Certification Compliance and listing.

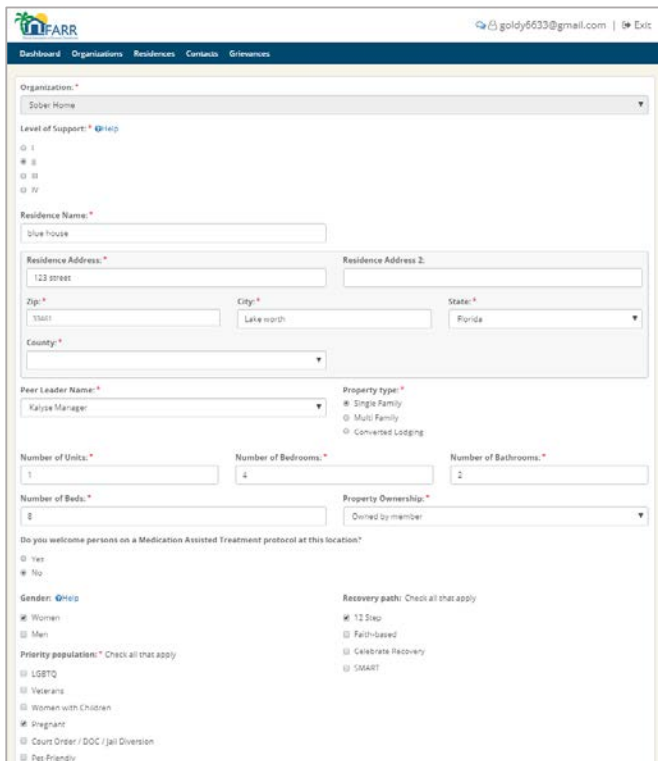
# List a Residence as Closed



The screenshot shows the FARR dashboard with the 'Residences' tab selected. A table lists a residence with ID 23, named 'blue house', located at '123 street Lake worth 33461 Florida'. An edit icon (pencil) is visible next to the address field.

| ID | Name       | Organization                       | Address                             | Actions   |
|----|------------|------------------------------------|-------------------------------------|---|
| 23 | blue house | Sober Home Limited Liability (LLC) | 123 street Lake worth 33461 Florida |   |

1. Click the “Residences’ tab from the top navigation pane.
2. Click the  icon next to the location with updated information.
3. Click the “Close Location” button at the bottom of the residence record.



The screenshot shows the details of the residence record for 'blue house'. The form includes fields for Organization (Sober Home), Residence Name, Residence Address (123 street), City (Lake worth), State (Florida), and County. It also includes fields for Peer Leader Name (Kalise Manager), Property type (Single Family), Number of Units (1), Number of Bedrooms (4), Number of Bathrooms (2), Number of Beds (2), and Property Ownership (Owned by member). There are also checkboxes for 'Do you welcome persons on a Medication Assisted Treatment protocol at this location?' (No), 'Gender' (Male), and 'Priority population' (Pregnant). Recovery path options include 12 Step, Faith-based, Celebrate Recovery, and SMART.

# View Certification Status

The screenshot shows the FARR dashboard interface. At the top left is the FARR logo. The top right shows the user email 'goldy6633@gmail.com' and an 'Exit' button. The navigation menu includes 'Dashboard', 'Organizations', 'Residences', 'Contacts', and 'Grievances'. The main content area is titled 'Organization' and shows 'Sober Home Limited Liability (LLC)' with the note 'Inspection Date assigned'. Below this is a table with the following data:

| Status            | Stage                            | Action                       | Date |
|-------------------|----------------------------------|------------------------------|------|
| Application       | Awaiting Phone Interview         | <a href="#">Chats</a>        | ---  |
| Payment           | Awaiting Phone Interview         | <a href="#">Chats</a>        | ---  |
| Document Review   | Awaiting Payment                 | <a href="#">Payments Tab</a> | ---  |
| Onsite Assessment | Pending Documentation Compliance | No Action                    | ---  |
| Certification     | Awaiting Payment                 | <a href="#">Payments Tab</a> | ---  |

To the right of the table are two side panels. The 'Notifications' panel shows 'No notifications' and a 'View All' link. The 'Events' panel shows two events: '6/29/2018, 12:00:00 AM First Event' and '6/29/2018, 12:00:00 AM Second Event', both with 'View All' links. An 'Add Event' button is located at the bottom right of the events panel.

The table on your Dashboard will display where your at with each stage of the Certification process. By clicking on the Hyperlink next to the stage you can get more detailed information or be directed to an open action item. We recommend checking here prior to contacting Certification Staff as Stage/Status are updated in real-time.