

RECOVERY HOUSE MANAGER INFORMATION FORM

Name of Recovery House Manager: _____

Date of designation as Recovery House Manager: _____

Statement that:

The Recovery House will notify the Department within 30 days of a change in the Recovery House Manager — _____.
initial

The Recovery House Manager is responsible for the management of the recovery house, staff and volunteers — _____.
initial

The Recovery House Manager will complete 6 hours of required training within 6 months of designation and annually thereafter. — _____.
initial

Signature of Recovery House Manager

Date