



### Assurances

It is understood by the representative(s) of the organization seeking association with Ohio Recovery Housing (ORH) that ORH is **not** responsible for checking federal, local or state codes or laws for compliance. Responsibility for meeting local, state, and federal laws and codes lies with the owner/operator. ORH is **not** responsible for ensuring compliance with state, federal, local or private foundation grant funding requirements. The individual owner or organization seeking association with ORH assumes all liabilities for any misrepresentations. Organizations that misrepresent any of the below Assurances will be ineligible for ORH certification. Organizations may be requested to provide documentation in support of attestations upon the request of ORH.

The undersigned asserts the organization and listed residences meets the following as required by each residence:

1. The organization requesting association with ORH is a legally recognized entity within the state of Ohio and meets all legal expectations of such entities: reporting, maintaining records, providing financial data, etc.
2. The organization requesting association with ORH assures that minutes from The Board of Directors Meetings are documented and kept on file.
3. The organization requesting association with ORH 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.
4. The organization requesting association with ORH has State of Ohio Incorporation Documents. Documents can be provided upon request.
5. The organization requesting association with ORH maintains policies and procedures that ensure staff are appropriately certified or credentialed for work being performed.
6. The organization requesting association with ORH maintains appropriate record-keeping systems for employees and residents. Including any legally required criminal background checks.
7. The organization that manages the residences to be listed with ORH attests that the residence meets local health, safety codes appropriate to the type of occupancy.
8. The residences to be listed with ORH have electrical, mechanical and structural components that are functioning and free from fire and safety hazards.
9. The individual residences to be listed with ORH meet all federal, state and local requirements and ordinances; including but not limited to building codes required for residential or institutional buildings.
10. The organization is in compliance with any required inspections for the building, egresses, or building components, such as elevators, automated security systems, fire suppression systems, and/or other inspections required based on building type and local/state building code.
11. The organization is in compliance with any state or locally requirements with regards to fire inspections and/or fire safety drills. Such inspections are completed by official fire inspectors and meet all expectations of said inspectors, including documenting fire extinguisher inspections and fire safety drills.
12. Any bedrooms within the individual residences to be listed have appropriate egresses that meet federal, state, or local residential or building code. All bedrooms meet space requirements of 70 square feet for the first person and an additional 50 square feet per each additional person expected to sleep regularly in the bedroom.
13. The organization requesting association with ORH attests to compliance with all federal, state and local fair housing requirements and maintains an appropriate process for considering any requests for reasonable accommodations
14. The organization requesting association with ORH maintains an accounting system and annual budget adequate for effective program management and meeting mandated reporting requirements.
15. The organization that manages the residences maintains appropriate homeowners/renters and liability insurance that appropriately covers all properties.
16. The organization requesting association with ORH has policies and procedures that comply with applicable confidentiality laws
17. The organization attests that claims made in marketing materials and advertising are honest and substantiated do not contain any of the following: False or misleading statements or unfounded claims or exaggerations; testimonials that do not reflect the real opinion of the involved individual; Price claims that are misleading; Therapeutic strategies for which licensure and/or counseling certifications are required but not applicable at the site; or Misleading representations of outcomes
18. The organization seeking certification with ORH attests that the organization operations are in compliance with the False Claims Act, Anti-Kick Back Statutes, Exclusion Statute, Section 1128A(a)(5) of the Social Security Act and all other state and federal laws relating to appropriate billing and referral practices as applicable to the individual organization operations
19. The organization seeking certification with ORH attests that there are no current open investigations of the organization or executive leadership with regards to false marketing, Medicaid or financial fraud, abuse and/or neglect, fair housing, building or zoning code violations or other matters related to the attestations



made in this document OR that any such ongoing investigations have been fully disclosed to Ohio Recovery Housing.

- 20. The organization seeking certification with ORH attests that the organization is in compliance with any federal, state, local or private grant funding requirements as applicable to the individual organization.

Name of owner/managing organization: \_\_\_\_\_

Headquarters Address:

\_\_\_\_\_  
\_\_\_\_\_

List names and addresses of facilities for which the organization is seeking association with ORH: Use an additional page for additional addresses.

- 1. \_\_\_\_\_  
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- 2. \_\_\_\_\_  
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- 5. \_\_\_\_\_  
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- 8. \_\_\_\_\_  
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*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: \_\_\_\_\_

**Notary Acknowledgement**

State of Ohio.

County of \_\_\_\_\_

On this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me a notary public, the above signed officer \_\_\_\_\_, known to me (or satisfactorily proven), personally appeared and executed this document, *acknowledged that s/he is authorized to execute the same for the purposes therein contained, has done so of his/her own free will, and that all statements are truthful to the best of his/her knowledge.* In witness hereof, I hereunto set my hand and official seal.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_