

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 local or state codes for compliance. Responsibility for meeting local, state, and federal laws and codes lies with the owner/operator. The individual owner or organization seeking association with ORH assumes all liabilities for any misrepresentations.

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.A)**
2. 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. **(2.A)**
3. The organization requesting association with ORH has State of Ohio Incorporation Documents. **(2.A)**
4. The organization requesting association with ORH maintains policies and procedures that ensure staff are appropriately certified or credentialed for work being performed **(10.B)**
5. 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. **(2.D) (17.A) (17.B)**
6. Any bedrooms within the individual residences to be listed have appropriate egresses that meet federal, state, or local residential or building code. **(17.A) (17.B)**
7. The organization requesting association with ORH attests to compliance with all federal, state and local fair housing requirements and maintains a process for considering any requests for reasonable accommodations **(2.D)**
8. The residences to be listed with ORH are regularly inspected by official fire inspectors and meet all expectations of said inspectors, including documenting fire extinguisher inspections and recording fire drills (where required). **(2.D) (17.A) (17.B)**
9. The residences to be listed with ORH have electrical, mechanical and structural components that are functioning and free from fire and safety hazards **(17.A)**
10. The residences to be listed with ORH meet the expectations of all legally authorized inspection agencies (elevators, automated security systems, etc.), and management can produce documentation in support of such assertions upon request. **(2.D) (17.A) (17.B)**
11. The organization requesting association with ORH maintains an accounting system and annual budget adequate for effective program management and meeting mandated reporting requirements. **(3.B)**
12. The organization requesting association with ORH maintains appropriate record-keeping systems for employees and residents. Including any legally required criminal background checks. **(3.B) (02.f)**
13. The organization requesting association with ORH assures that minutes from The Board of Directors Meetings re documents and kept on file. **(3.B)**
14. The organization that manages the residences maintains appropriate homeowners/renters and liability insurance. **(2.B)**
15. The organization requesting association with ORH has policies and procedures that comply with applicable confidentiality laws **(6.B)**
16. 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 **(2.D) (17.A) (17.B)**
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 **(2.E)**



Name of owner/managing organization: _____

Headquarters Address:

List names and addresses of facilities for which the organization is seeking association with ORH:

- | | |
|----------------------------|----------------------------|
| 1. _____

_____ | 5. _____

_____ |
| 2. _____

_____ | 6. _____

_____ |
| 3. _____

_____ | 7. _____

_____ |
| 4. _____

_____ | 8. _____

_____ |

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 _____