



ORGANIZATION MEMBERSHIP APPLICATION

For Office Use Only

Date Application/Dues Payment Received: _____

Date Application Accepted: _____

Member ID # _____

NJ Coalition for Addiction Recovery Support

Organization Name: _____

Address: _____

County/Countries Served: _____

Phone Number: _____

Website URL: _____

Contact Name: _____ Contact Email: _____

What type of recovery support services does your organization provide?

- Pre-Treatment** - Non-clinical supports that connect individuals with substance use disorders to treatment or other supports that initiate a reduction or cessation in use (e.g. hospital-based peer services, police-assisted recovery programs, etc.)
- Transitional Services** - Non-clinical supports that begin while an individual is still in a structured treatment or justice setting, designed to connect individuals with SUDs to community based supports upon release.
- Family Support** - Non-clinical supports designed to provide families with support and strategies to promote their own and their loved one's recovery.
- Sober Living** - Safe, affordable, drug- and alcohol-free housing options for individuals in recovery.
- Recovery Community Center** - Peer-operated hubs for non-clinical recovery support, social and recreational opportunities, self-help, etc.
- Recovery High School**
- Collegiate Recovery Program**
- Peer support** - Services in which a peer helper with lived experience and specialized training provides non-clinical support to an individual seeking recovery services.
- Education, Training, Stigma Reduction, and Advocacy**
- Other** _____

Does your organization serve the unique needs of a specialized population?

- Youth
- Emerging Adults
- LGBTQ
- Co-Occurring
- Pregnant/Postpartum Women
- Justice-Involved
- Medication Assisted Recovery
- Homeless
- Family members of a loved one with a substance use disorder
- Families who have lost a loved one to addiction
- Other _____

Would you like your services to be added to the Resource Map on the NJ-CARS website?

- Yes
- No

Assurances

- I certify that I am authorized to complete and sign this application on behalf of this organization.
- I certify that neither myself, my organization, nor any individual therein will act as a representative of the New Jersey Coalition for Addiction Recovery Support unless specifically requested by the CARS Advisory Committee.
- I certify that the information provided in this application is accurate to the best of my knowledge, and that the services listed are an accurate representation of the services provided by the applicant organization.
- I understand that each member application is subject to review by the CARS Advisory Committee to ensure applicant organizations demonstrate support of addiction recovery and suitability for membership.

Signature: _____ **Date:** _____

Print Name: _____