



# kc recovery coalition

## Membership Application Form

Date: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Program name (if applicable): \_\_\_\_\_

Primary contact: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Please describe the program and services your organization provides:

### Treatment Services

- MAT Administration/Monitoring
- Detox
- Inpatient Treatment
- Residential Treatment
- Partial Hospitalization
- Intensive Outpatient Treatment
- Traditional Outpatient Treatment

### Recovery Support Services

- Aftercare Support/Coaching
- Care Coordination/Therapeutic Aftercare
- Peer Support or Peer Navigators
- Recovery Coaching
- Transitional Housing

- Peer Mentoring
- Community Center/Space
- Screening and Assessment
- Prevention

Other services: \_\_\_\_\_

#### Housing

- Recovery Housing Men only
- Recovery Housing Women only
- Recovery Housing Men & Women
- Recovery Housing Women with children
- Recovery Housing Men with children
- Recovery Housing Couples with children
- Accepts Clients Identifying as Transgender
- Accepts Clients using Medication Assisted Treatment

#### Certifications

- Department of Mental Health: Recovery Support
- Department of Mental Health: Outpatient Level I
- Department of Mental Health: Outpatient Level II
- Department of Mental Health: Outpatient Level III
- National Alliance for Recovery Residences (NARR)
- Other: \_\_\_\_\_

If you are interested in volunteering for one of the Coalition's committees, please indicate below:

\_\_\_ Yes

**Memorandum of Understanding  
Between**

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**And  
Kansas City Recovery Coalition**

**Purpose** – The purpose of this coalition is to enhance the existing Recovery Oriented Systems of Care for persons in the Kansas City area who suffer from substance use disorder. The intended outcome of this collaborative effort is long-term recovery and a sustained healthy lifestyle.

This memorandum of understanding establishes participation in a community coalition between \_\_\_\_\_ and the Kansas City Recovery Coalition, *(hereafter referred to as (KCRC))*. We have checked the commitments our organization will make to the coalition.

- Become a Level III voting member of the coalition. (DMH certified)
- Become a Level II voting member of the coalition. (partner/agency not-DMH certified)
- Become an individual non-voting member of the coalition.
- To help raise community awareness of substance abuse, prevention, mental health issues, and recovery.
- To work with the Coalition's Committees.
- To attend the Coalition Monthly Meetings
- To serve as a Coalition's Officer if elected.
- To honor the by-laws and policies of the Coalition.
- To accept referrals from Coalition members when appropriate for our agency.
- To make referrals to other Coalition members when appropriate for our agency.
- To respect the rights of Coalition members to hold their own opinions and beliefs.
- Attend coalition sponsored trainings, town hall meetings, and community events when possible.

- Help the coalition efforts to prevent youth substance use.
- Ensure clear communication between our agency and the coalition.
- Provide Funding Support
- Provide Consultation and /or technical support
- Provide facility space to the coalition for meetings and trainings.
- Support the coalition's overall mission.
- Other \_\_\_\_\_

On behalf of the organization I represent I sign the memorandum of understanding with the commitment to support the items checked above and the coalition's overall development.

Agency Representative	Date
KCRC Representative	Date

Please sign and return to KC Recovery Coalition, 4501 Troost Ave. Kansas City MO 64110 or email to [info@kc-satrsc.org](mailto:info@kc-satrsc.org)

# Membership

Learn more about membership in the Kansas City Substance Abuse Treatment and Recovery Support Coalition.

## **Level III Membership**

Members at this level shall be a Substance Abuse Treatment center or Recovery Support provider currently credentialed with the Missouri Department of Mental Health, Division of Behavioral Health. That provider shall appoint up to two persons from its organization to serve as representatives in the coalition with each person having one business vote in the coalition. This level of membership shall be a full membership and shall be eligible to make funding application request and/or receive funding with the coalition.

## **Level II Membership**

Members at this level shall be Partnership / Ad-hoc membership with an organization that has requested or been solicited by the coalition to have a working relationship with the coalition such as making or receiving referrals for services provided by their agency/organization; or providing resources to the coalition, providing consultation with the coalition; or partnering in a grant proposal with the coalition. This shall not be a full membership. This level of membership shall have voting privileges consisting of one vote in the coalition. (If for some reason the partner is not allowed by the organization they represent to participate in a coalition vote they may abstain at any time. If a physical absence is mandatory in this voting matter the representative will not be penalized for the absence.) This level of membership shall may or may not be eligible to receive funding via grants, cooperative agreement, and/or contracts garnered by the coalition based on the agencies policy for partnership with the coalition. This level of membership shall be eligible to sub-contract with the coalition for services rendered to the coalition and/or any of its recipient recovery members.

## **Level I Membership**

Members at this level shall be an individual who desires to become a part of the coalition but is not actively volunteering or working with a Recovery Support provider, Substance Abuse Treatment Center or affiliate member. This shall not be a full membership. This level of membership shall have voting privileges consisting of one vote in the coalition. This level of membership shall not be eligible to receive funding via grants, cooperative agreement, and/or contract garnered by the coalition. This level of membership shall be eligible to sub-contract with the coalition for services rendered to the coalition and/or any of its recipient recovery members.

**Follow these steps to become a member of the Kansas City Recovery Coalition.**

1. Complete the online [Coalition Membership Application](#)
2. Download and sign the [Memorandum of Understanding](#)
3. Pay Your [Membership Dues Online](#) (\$150.00/year)