carf INTERNATIONAL

Survey Application

ORGANIZATION INFORMATION

ORGANIZATION TO BE SURVEYED

Organization/Unit Name
Dove Recovery House for Women

Acronym

Federal Tax Identification Number
352120680

Organization Website (Example: www.carf.org)
doverecoveryhouse.org

Organization Phone
317-964-0450

Street Address (no P.O. Box)
3351 North Meridian Street

Suite Number, Floor, or Department
Suite 110

City
Indianapolis

Country
US

State/Province/Territory
IN

OTHER State/Province/District (outside North America Only)

Zip/Postal Code
46208

County

ORGANIZATION CHARACTERISTICS

Fiscal Year End
12/31

Total annual operating revenue for the organization being surveyed
2,821,039.00

Annual operating revenue for the programs seeking accreditation
2,821,039.00

Ownership Type

- ☐ Government Entity
- ☐ Publicly traded
- ☑ Private, not for profit
- ☐ Sole Proprietor
- ☐ Private, for profit
- ☐ Other

Other Ownership Description

CORPORATE STRUCTURE

1. Is your organization a unit or department within a larger entity (i.e., not a distinct legal entity and has the same federal tax identification number as the larger entity)?

- ☐ Yes
- ☑ No

If you answered "yes" to the above question, provide the information below about the larger entity, then proceed to question 2. If you answered "no," proceed to question 3.

Name of larger entity

Street Address (no P.O. Box)

Suite Number, Floor, or Department

City

State/Province/Territory

Zip/Postal Code

Country

Briefly describe the larger entity and how your programs fit into its operations.

2. If your organization is a unit or department within a larger entity, is the larger entity a subsidiary of a parent company (i.e., a distinct legal entity with a separate federal tax identification number from the parent company)?

☐ Yes
☐ No

If you answered "yes" to the above question, provide the information below about the parent company and proceed to the next section. If you answered "no," proceed to the next section.

Name of Parent Company	Street Address (no P.O. Box)	Suite Number, Floor, or Department

City	State/Province/Territory	Zip/Postal Code

Country	Federal Tax Identification Number

3. If your organization is not a unit or department within a larger entity, is it a subsidiary of a parent company (i.e., a distinct legal entity with a separate federal tax identification number from the parent company)?

☐ Yes
☑ No

If you answered "yes" to the above question, provide the information below about the parent company. If you answered "no," proceed to the next section.

Name of Parent Company	Street Address (no P.O. Box)	Suite Number, Floor, or Department

City	State/Province/Territory	Zip/Postal Code

Country	Federal Tax Identification Number

SOURCES OF FUNDING/REFERRAL

Identify your sources of funding and/or ongoing referrals such as local, county, tribal, provincial, territorial, federal, or private.

Category	Funding	Referral	Name of Funding/Referral Source
Alcohol and Other Drug Programs	☐	☐	
Area Agency on Aging	☐	☐	
Bureau of Indian Affairs	☐	☐	
Case Management System	☐	☐	
Child Welfare Agency	☐	☐	
Churches	☐	☐	
Community Living British Columbia (CLBC)	☐	☐	
U.S. Department of Defense	☐	☐	
Developmental Disabilities Agency	☐	☐	
Employer	☐	☐	
Health Canada	☐	☐	
Indian and Northern Affairs Canada	☐	☐	
Local Health Integration Network	☐	☐	
Long-Term Care Insurance	☐	☐	
Managed Care - HMO	☐	☐	
Managed Care - IPA/IPP	☐	☐	
Managed Care - Other	☐	☐	
Managed Care - PPO	☐	☐	
Medicaid/MediCal/AHCCCS	☑	☐	Indiana Medicaid
Medicare	☐	☐	
Mental Health Agency	☑	☐	Department of Mental Health and Addiction/Recovery Works/SOR
Mental Health Programs	☐	☑	
Mental Health Regional Authority	☐	☐	
Ministry of Children and Family Development	☐	☐	
Ministry of Health	☐	☐	
Ministry Responsible for Seniors	☐	☐	
Municipality/Provincial/Territorial Med. Ins. Plan	☐	☐	
Older Americans Act	☐	☐	
Private Medical Insurance	☐	☐	
Private Pay	☐	☐	
Provincial Ministry of Social/Community Services	☐	☐	
Regional Health Authority	☐	☐	
Self-Insured Employer	☐	☐	
Self-Pay/Self-Referral	☐	☑	
Veterans Health Administration	☐	☐	
Vocational Rehabilitation Agency	☐	☐	
Workers' Compensation/Workers' Compensation Board	☐	☐	
Workforce Development Board	☐	☐	
Other Provincial Ministry of Children's Services	☐	☐	
Other	☑	☐	Contributions/Donations
Other	☑	☐	Grants
Other	☑	☐	Contracted Services
Other	☑	☐	Rental Income

List at least one, preferably two, external funding/referral sources with whom your organization works and from whom we can request confidential information regarding the quality of services provided by your organization.

FUNDING/REFERRAL Reference #1

First Name
Jeffrey

Last Name
Yanis

Work Phone
317-327-5710

Extension

Email
Jeffrey.Yanis@indy.gov

Job Title
Director

Organization Name
Marion County Alternative Courts

FUNDING/REFERRAL Reference #2

First Name
Gayle

Last Name
Conley

Work Phone

Extension

Email
gayle.conley@hancockin.gov

Job Title
Interim Director

Organization Name
Hancock County Probation Dept.

SURVEY KEY CONTACT

CONTACT INFORMATION

Title	First Name	Middle Initial
Ms.	Wendy	

Last Name	Suffix (Jr., Sr., etc.)	Credentials
Noe		

Job Title	Email	
CEO	wnoe@doverecoveryhouse.org	

Work Phone	Extension	Cell
317-964-0450		317-727-1509

Preferred Phone	Preferred Pronouns	
Work		

CONTACT ORGANIZATION INFORMATION

☑ **Same as Organization to Be Surveyed**

Organization Name

Dove Recovery House for Women

Street Address (no P.O. Box)	Suite Number, Floor, Department, or Other	City
3351 North Meridian Street	Suite 110	Indianapolis

Country	State/Province/Territory	OTHER State/Province/District (outside North America Only)
US	IN	

Zip/Postal Code	County	
46208		

AFTER-HOURS CONTACT

CONTACT INFORMATION

☑ **Same as Survey Key Contact**

Title	First Name	Middle Initial
Ms.	Wendy	

Last Name	Suffix (Jr., Sr., etc.)	Credentials
Noe		

Job Title	Email	After-Hours Telephone
CEO	wnoe@doverecoveryhouse.org	317-727-1509

Work Phone	Extension	Cell
317-964-0450		317-727-1509

Preferred Phone	Preferred Pronouns
Work	

☑ **Separate mailing address/post office box (complete fields below).**

Mailing Address	Suite Number, Floor, Department, or Other	City
3351 North Meridian Street	Suite 110	Indianapolis

Country	State/Province/Territory	OTHER State/Province/District (outside North America Only)
US	IN	

Zip/Postal Code	County
46208	Indiana

CONTACT ORGANIZATION INFORMATION

☑ **Same as Organization to Be Surveyed**

Organization Name

Dove Recovery House for Women

Street Address (no P.O. Box)	Suite Number, Floor, Department, or Other	City
3351 North Meridian Street	Suite 110	Indianapolis

Country	State/Province/Territory	OTHER State/Province/District (outside North America Only)
US	IN	

Zip/Postal Code	County
46208	

LIST ON FINAL REPORT

CONTACT INFORMATION

☑ **Same as Survey Key Contact**

Title	First Name	Middle Initial
Ms.	Wendy	

Last Name	Suffix (Jr., Sr., etc.)	Credentials
Noe		

Job Title	Email
CEO	wnoe@doverecoveryhouse.org

Work Phone	Extension	Cell
317-964-0450		317-727-1509

Preferred Phone	Preferred Pronouns
Work	

☑ **Separate mailing address/post office box (complete fields below).**

Mailing Address	Suite Number, Floor, Department, or Other	City
3351 North Meridian Street	Suite 110	Indianapolis

Country	State/Province/Territory	OTHER State/Province/District (outside North America Only)
US	IN	

Zip/Postal Code	County
46208	Indiana

CONTACT ORGANIZATION INFORMATION

☑ **Same as Organization to Be Surveyed**

Organization Name

Dove Recovery House for Women

Street Address (no P.O. Box)	Suite Number, Floor, Department, or Other	City
3351 North Meridian Street	Suite 110	Indianapolis

Country	State/Province/Territory	OTHER State/Province/District (outside North America Only)
US	IN	

Zip/Postal Code	County
46208	

STATISTICS AND DEMOGRAPHICS

PERSONNEL

Information reported below is for all programs seeking accreditation and should be reported in numbers (not percentages). Estimate if data are not available. This information is used to help us in assigning the survey team.

Total Full-Time Equivalent (FTE) Personnel

60.00

Actual number of direct-service personnel

Employees

14

Contracted Personnel

0

Volunteers

20

Total Personnel

34

PERSONS SERVED

Information reported below is for all programs seeking accreditation and should be reported in numbers served annually (not percentages). Estimate if data are not available. This information is used to help us in assigning the survey team.

Total Number of Persons Served Annually

178

Race/Ethnicity	Number of Persons Served	Other Race/Ethnicity Description
African American/Black	40	
Asian		
White	126	
First Nation/Aboriginal Canadian		
Hispanic/Latino (Ethnicity)		
Native (American or Alaskan)		
Native Hawaiian or Other Pacific Islander		
Other(s), specify	12	Multi Race

Gender	Number of Persons Served
Female	178
Male	
Unknown Gender	

Age	Number of Persons Served	Other Age Description
0-5 (Children)		
06-17 (Adolescent)		
18-40 (Adult)	85	
41-65 (Adult)	71	
66-85 (Adult)	22	
86+ (Adult)		
Other Age Group		
Unknown Age Group		

Information should be reported in numbers served annually (not percentages). If the categories do not represent your organization, please utilize the other or unknown fields.

Other Characteristics of Persons Served	Number of Persons Served	Other Description
Acquired Brain Injury		
Substance Use Disorders/Addictions	178	
Developmental Disabilities		
Dual Diagnosis - SUD/DD		
Dual Diagnosis - SUD/MH	178	
Dual Diagnosis - MH/DD		
Hearing Impairments		
HIV positive/AIDS		
Homeless Individuals	178	
Mental Disorders		
New Immigrants		
Other Addictions		
Physical Disabilities		
Unemployed/Underemployed		
Visual Impairments		
Other Characteristic		
Dementia		
Unknown Characteristics		
Autism Spectrum Disorder		

Additional information regarding the community, population, or cultures you serve that would be helpful.

90% have reported childhood sexual abuse
95% have reported adult trauma
Majority of felony or misdemeanor charges.

SCHEDULING INFORMATION

COLLABORATIVE/RELATED SURVEYS

Does the organization have other CARF surveys to be scheduled?

☐ Yes

☑ No

Other CARF Survey(s)

Company Name	City	Survey Product	Survey Number (if known)	Survey Key Contact	Administrative Policies and Procedures	Program Policies and Procedures	Electronic Health Record
		☐ Accreditation ☐ Certification		☐ Same ☐ Different	☐ Same ☐ Different	☐ Same ☐ Different	☐ Same ☐ Different ☐ N/A

TIME FRAME AND PROBLEM DATES

Use the grid below to confirm the time frame for your survey.

Organizations requiring large survey teams may be asked to submit applications early.

Expiration Month	Survey Application Submitted No Later Than:	Preferred Time Frame
August	February 28/29	July - August
September	February 28/29	July - August
October	April 30	August - September
November	May 31	September - October
December	June 30	October - November
January	July 31	November - December
February	August 31	December - January
March	September 30	January - February
April	October 31	February - March
May	November 30	March - April
June	December 31	April - May May - June

A consecutive two-month time frame with no fewer than four open weeks is required. Refer to the grid above.

Time Frame Start Date

8/1/2026

Time Frame End Date

9/30/2026

Indicate any problem dates or time periods in this time frame that would pose significant problems for your organization. If there are no problem dates, enter "none."

September 14-18

Would a survey that includes a Saturday and/or Sunday be acceptable? Select Yes only if the programs/services seeking accreditation are regularly provided on Saturdays and/or Sundays.

☐ Yes

☑ No

Saturday hours of operation

Sunday hours of operation

Would the scheduling of your survey during the requested time frame be impacted by other circumstances such as school breaks, inaccessibility due to weather, regional events/holidays, sporting events, etc.? If yes, please describe.

CONFLICTS OF INTEREST

Have any CARF surveyors served as consultants to your organization in the last four years?

☐ Yes
☑ No

If yes, please list names.

Would surveyors from any specific states/provinces/territories/countries represent a conflict of interest?

☐ Yes
☑ No
☐ N/A

If yes, please list the states/provinces/territories/countries.

Would you accept surveyor(s) being assigned to your survey from your own state/province/territory, if outside of North America, from your own country?

☑ Yes
☐ No
☐ N/A

Are there any organizations considered to be in direct competition with your organization?

☐ Yes
☑ No

If yes, please list the organizations.

Are any of your organization's employees current or former CARF surveyors?

☐ Yes
☑ No

If yes, please list names.

Are there any other potential conflicts of interest to avoid? For example, parent corporations or management contracts.

☐ Yes
☑ No

If yes, please specify.

SURVEY ACCESSIBILITY

What files or documents will be available for the survey team to review in electronic format?

Check all that apply.	File/Document	Description
☑	Financial records	One Drive
☑	Outcomes system	EHR
☑	Personnel records	One Drive
☑	Policies and procedures	One Drive
☑	Records of persons served	EHR
☐	Other	

In what primary language(s) are your organization documents written?

Check all that apply.	Document Language	Description
☑	English	
☐	French	
☐	Spanish	
☐	Swedish	
☐	Other	

What is the primary language of personnel?

☑ English
☐ French
☐ Spanish
☐ Swedish
☐ Other

If Other, specify the language.

What is the primary language of persons served?

☑ English
☐ French
☐ Spanish
☐ Swedish
☐ Other

If Other, specify the language.

HOTEL INFORMATION

Recommend two nearby hotels or motels for the survey team. Provide hotel information for all cities where an overnight stay may be required.

HOTEL

☐ **Preferred**

Hotel Name: Hotel Indigo Columbus
Street Address: 400 Brown St.
City: Columbus
State/Province/Territory: IN
Zip/Postal Code: 47201
Country: US
Phone:
Distance to Survey Headquarters: 2.5 Miles

Other Notes/Instruction

HOTEL

☐ **Preferred**

Hotel Name: Fairfield Inn & Suites
Street Address: 333 River Centre Landing
City: Jasper
State/Province/Territory: IN
Zip/Postal Code: 47546
Country: US
Phone:
Distance to Survey Headquarters: 2.8 Miles

Other Notes/Instruction

HOTEL

☐ **Preferred**

Hotel Name
Hyatt Regency

Street Address
1 S. Capitol Ave.

City
Indianapolis

State/Province/Territory
IN

Zip/Postal Code
46204

Country
US

Phone

Distance to Survey Headquarters
4.4 Miles

Other Notes/Instruction

HOTEL

☐ **Preferred**

Hotel Name
Holiday Inn

Street Address
2485 Jonathan Moore Pike

City
Columbus

State/Province/Territory
IN

Zip/Postal Code
47201

Country
US

Phone

Distance to Survey Headquarters
11 Miles

Other Notes/Instruction

HOTEL

☐ **Preferred**

Hotel Name
Holiday Inn Hotel & Suites

Street Address
2000 Hospitality Dr.

City
Jasper

State/Province/Territory
IN

Zip/Postal Code
47546

Country
US

Phone

Distance to Survey Headquarters
4.2 Miles

Other Notes/Instruction

HOTEL

☐ **Preferred**

Hotel Name
TRU by Hilton

Street Address
601 Russell Ave

City
Indianapolis

State/Province/Territory
IN

Zip/Postal Code
46225

Country
US

Phone

Distance to Survey Headquarters
7.5 Miles

Other Notes/Instruction

AIRPORT INFORMATION

Provide information for the nearest or most convenient commercial airport for all cities where flights may be required.

Nearest/Most Convenient Airport	Name and City	Distance/Time from Hotels	Other Notes/Instructions
☐	Indianapolis International Airport	20 miles	
☐	Evansville Regional Airport	52 miles	distance to jasper

OTHER SURVEY LOGISTICS

Will your organization provide transportation for surveyors between survey locations?

☑ Yes
☐ No

Provide any additional information that may assist us in arranging your survey logistics.

We can provide transportation if need be.

PROGRAMS

MANUAL

Primary Manual

2026 Behavioral Health

Identify additional manuals only if you are applying for a blended survey.

Additional Manual(s)

GOVERNANCE STANDARDS APPLICABILITY

Do you elect to have the governance standards applied?

☐ Yes
☑ No

INFORMATION AND COMMUNICATIONS TECHNOLOGIES STANDARDS APPLICABILITY

Does your organization use information and communication technologies, also known as telepractice, telehealth, telemental health, telerehabilitation, telespeech, etc., for service delivery in any of the programs or services for which you are seeking accreditation?

☑ Yes
☐ No

NOTE: If you selected Yes - Some or Yes - Exclusively, the 'Standards for Service Delivery Using Information and Communication Technologies' in Section 2 of the manual will be applied on the survey.

PROGRAMS TO BE SURVEYED

The grid below identifies the program(s) that are a part of this survey.

Manual	Program
Behavioral Health	Residential Treatment with Peer Support - Substance Use Disorders/Addictions - Adults

PROGRAMS NOT BEING SURVEYED

The grid below identifies the program(s) removed from this survey.

Program	Reason for Removing Program	Other Description

BEHAVIORAL HEALTH PROGRAM INFORMATION

Total number of locations owned/leased or controlled/operated by organization where program is provided
3

Total number of persons served annually
178

Total direct-service personnel
14.00

Does this program/service use Electronic/Medical Health records for persons served?
- ☑ Yes
- ☐ No

Does this program provide medication use?
- ☐ Yes
- ☑ No

Does this program use any nonviolent practices such as seclusion or restraint?
- ☐ Yes
- ☑ No

Does this program offer peer support?
- ☑ Yes
- ☐ No

Terminology your organization uses to identify this program

Has your organization begun providing this program/service to persons served?
- ☐ No
- ☐ Yes, 0 - 3 months
- ☐ Yes, 3 - 6 months
- ☑ Yes, more than 6 months

When do you expect to begin providing this program/service? Please provide additional information.

LOCATIONS

Complete the Programs tab before entering or updating Locations for Survey.

You must include all locations that are owned, leased, or controlled/operated by your organization for the administration or provision of the programs/services for which you are seeking accreditation.

LOCATIONS FOR SURVEY

The grid below identifies the location(s) that are a part of this survey.

Location Name	Street Address	City	State/Province/Territory
Dove Recovery House for Women	3351 North Meridian Street	Indianapolis	IN
Dove Recovery House for Women	1480 Knust Street	Jasper	IN
Dove Recovery House for Women	3070 Pavilion Drive	Columbus	IN

LOCATIONS NOT PART OF SURVEY

The grid below identifies the location(s) removed from this survey.

Location Name	Street Address	City	State/Province/ Territory	Reason for Removing Location	Other Description	Effective Date

LOCATION

LOCATION INFORMATION

Location Name
Dove Recovery House for Women

Does this location operate solely as an administrative site?
- ☐ Yes
- ☑ No

Street Address (no P.O. Box)
3351 North Meridian Street

Suite Number, Floor, Department, or OTHER
Suite 110

City
Indianapolis

Country
US

State/Province/Territory
IN

OTHER State/Province/District (outside North America Only)

Zip/Postal Code
46208

County

Phone
317-964-0450

Do you want this location's address and phone number to be published in our listings of accredited organizations?
Please note: location name, city, and state/province will be published.
- ☑ Yes, publish
- ☐ No, do not publish

Is WiFi available for the survey team's use at this location?
- ☑ Yes
- ☐ No

Is this location acting as the survey headquarters?
- ☑ Yes
- ☐ No

Distance from survey headquarters

Miles or kilometres?

Direction from survey headquarters

Describe any accessibility issues at the location.

Location Type
- ☑ Owned/leased
- ☐ Donated space under program's control/operation

Days and Hours of Operation
- ☐ 8:00 a.m. - 5:00 p.m., Monday - Friday
- ☑ 24 hours a day, 7 days a week
- ☐ Other

Other Days/Hours Description

If any program/service is provided at this location during limited days/hours, list the CARF program name and description of days/hours of operation

Number of direct-service personnel at this location for the programs seeking accreditation
8.00

Average number of persons served daily at this location for the programs seeking accreditation
55

STAFF MEMBER RESPONSIBLE FOR OPERATIONS

Same as Survey Key Contact
- ☑

First Name

Last Name

Job Title

Work Phone

Extension

PROGRAMS AT THIS LOCATION

The grid below identifies the program(s) to be surveyed at this location.

Program
Residential Treatment with Peer Support - Substance Use Disorders/Addictions - Adults

PROGRAMS REMOVED FROM LOCATION

The grid below identifies the program(s) removed from this location.

Program	Reason For Removing Program	Other Description	Effective Date

LOCATION

LOCATION INFORMATION

Location Name
Dove Recovery House for Women

Does this location operate solely as an administrative site?
- ☐ Yes
- ☑ No

Street Address (no P.O. Box)
1480 Knust Street

Suite Number, Floor, Department, or OTHER

City
Jasper

Country
US

State/Province/Territory
IN

OTHER State/Province/District (outside North America Only)

Zip/Postal Code
47546

County
Dubois

Phone

Do you want this location's address and phone number to be published in our listings of accredited organizations?
Please note: location name, city, and state/province will be published.
- ☑ Yes, publish
- ☐ No, do not publish

Is WiFi available for the survey team's use at this location?
- ☑ Yes
- ☐ No

Is this location acting as the survey headquarters?
- ☐ Yes
- ☑ No

Distance from survey headquarters
129

Miles or kilometres?
Miles

Direction from survey headquarters
S

Describe any accessibility issues at the location.

Location Type
- ☑ Owned/leased
- ☐ Donated space under program's control/operation

Days and Hours of Operation
- ☐ 8:00 a.m. - 5:00 p.m., Monday - Friday
- ☑ 24 hours a day, 7 days a week
- ☐ Other

Other Days/Hours Description

If any program/service is provided at this location during limited days/hours, list the CARF program name and description of days/hours of operation

Number of direct-service personnel at this location for the programs seeking accreditation
5.00

Average number of persons served daily at this location for the programs seeking accreditation
15

STAFF MEMBER RESPONSIBLE FOR OPERATIONS

Same as Survey Key Contact
- ☑

First Name

Last Name

Job Title

Work Phone

Extension

PROGRAMS AT THIS LOCATION

The grid below identifies the program(s) to be surveyed at this location.

Program
Residential Treatment with Peer Support - Substance Use Disorders/Addictions - Adults

PROGRAMS REMOVED FROM LOCATION

The grid below identifies the program(s) removed from this location.

Program	Reason For Removing Program	Other Description	Effective Date

LOCATION

LOCATION INFORMATION

Location Name
Dove Recovery House for Women

Does this location operate solely as an administrative site?
☐ Yes
☑ No

Street Address (no P.O. Box)
3070 Pavilion Drive

Suite Number, Floor, Department, or OTHER

City
Columbus

Country
US

State/Province/Territory
IN

OTHER State/Province/District (outside North America Only)

Zip/Postal Code
472010

County
Bartholomew

Phone

Do you want this location's address and phone number to be published in our listings of accredited organizations?
Please note: location name, city, and state/province will be published.
☑ Yes, publish
☐ No, do not publish

Is WiFi available for the survey team's use at this location?
☑ Yes
☐ No

Is this location acting as the survey headquarters?
☐ Yes
☑ No

Distance from survey headquarters
50

Miles or kilometres?
Miles

Direction from survey headquarters
S

Describe any accessibility issues at the location.

Location Type
☐ Owned/leased
☑ Donated space under program's control/operation

Days and Hours of Operation
☐ 8:00 a.m. - 5:00 p.m., Monday - Friday
☑ 24 hours a day, 7 days a week
☐ Other

Other Days/Hours Description

If any program/service is provided at this location during limited days/hours, list the CARF program name and description of days/hours of operation

Number of direct-service personnel at this location for the programs seeking accreditation
5.00

Average number of persons served daily at this location for the programs seeking accreditation
15

STAFF MEMBER RESPONSIBLE FOR OPERATIONS

Same as Survey Key Contact
☑

First Name

Last Name

Job Title

Work Phone

Extension

PROGRAMS AT THIS LOCATION

The grid below identifies the program(s) to be surveyed at this location.

Program
Residential Treatment with Peer Support - Substance Use Disorders/Addictions - Adults

PROGRAMS REMOVED FROM LOCATION

The grid below identifies the program(s) removed from this location.

Program	Reason For Removing Program	Other Description	Effective Date

OTHER INFORMATION

REQUIREMENTS/INCENTIVES TO SEEK ACCREDITATION

Identify any entities that require or provide incentives for your organization to attain CARF International accreditation.

Check all that apply.	Entity Type	Entity Name
☐	Area Agency on Aging	
☐	Case Management Companies	
☐	Employers	
☐	Federal Government	
☑	State/Province/Territory Government	Department of Mental Health & Addiction
☐	Managed Care Organizations	
☐	Insurance Companies	
☐	Other Funding Sources	
☐	Other	

OTHER ACCREDITATION/LICENSURE

List any current accreditation, licensure, or reviews.

Check all that apply.	Accrediting Body	Description	Expiration Date
☐	AAAHC (Accreditation Association for Ambulatory Health Care)		
☐	AAPM (American Academy of Pain Management)		
☐	ACA (American Correctional Association)		
☐	Accreditation Canada		
☐	AOA (American Osteopathic Association)		
☐	ASHA (American Speech-Language Hearing Association)		
☐	CAHC (Commission on Accreditation for Home Care)		
☐	CAP (College of American Pathologists)		
☐	CARF International (CARF, CARF Canada, CARF Europe)		
☐	CHAP (Community Health Accreditation Program)		
☐	COA (Council on Accreditation)		
☐	DNV (DNV Healthcare)		
☐	EAGLE (Educational Assessment Guidelines Leading toward Excellence)		
☐	ICCD (International Center for Clubhouse Development)		
☐	ISO (International Organization for Standardization)		
☐	JCAHO (The Joint Commission)		
☐	JCI (Joint Commission International)		
☐	NAEYC (National Association for the Education of Young Children)		
☐	NCQA (National Committee for Quality Assurance)		
☐	RSAS (Rehabilitation Services Accreditation System)		
☐	The Council		
☐	URAC (American Accreditation HealthCare Commission)		
☐	Other		

Other Licensing and Reviews

GROUPS

Identify if your organization is a member of or affiliated with any entity.

Check all that apply.	Group	Description
☐	AA	
☐	AACRC	
☐	AAIDD	
☐	AAN	
☐	AAOS	
☐	AAPM	
☐	AAPM&R	
☐	AARP	
☐	AATOD	
☐	ACCSES	
☐	ACRM	
☐	AHA	
☐	AHCA/NCAL	
☐	AJFCA	
☐	AKTA	
☐	ALFA	
☐	AMRPA	
☐	AMTA	
☐	ANCOR	
☐	AOTA	
☐	APA	
☐	APHSA	
☐	APSE	
☐	APTA	
☐	Arc	
☐	ARF	
☐	ARN	
☐	ASHA (Seniors Housing)	
☐	ASHA (SLP)	
☐	ATRA	
☐	BIA	
☐	CCCF	
☐	CCUSA	
☐	CHSA	
☐	CMHA	
☐	CMSA	
☐	CWLA	
☐	CWLC	
☐	ES	
☐	FFTA	
☐	FNCFCS	
☐	FREDLA	
☐	GII	
☐	IAJVS	
☐	IFCO	
☐	IFCW	
☐	ISPRM	
☐	LeadingAge	
☐	MHCA	
☐	NAADAC	
☐	NAATP	
☐	NACAC	
☐	NACBH	
☐	NADD	

☐	NADSA	
☐	NAMI	
☐	NAPCWA	
☐	NASW	
☐	National Council	
☐	National Federation	
☐	NCFA	
☐	NICWA	
☐	NOSAC	
☐	NRA	
☐	NSA	
☐	Other	
☐	PPA	
☐	PRA	
☐	PVA	
☐	SourceAmerica	
☐	SPA	
☐	SSVF	
☐	The Alliance	
☐	UCPA	
☐	United Spinal	
☐	UWW	
☐	VHA	
☐	VOA	

ACCREDITATION DECISION NOTIFICATION TO STAKEHOLDER

This section is optional. We will send a formal announcement of your accreditation achievement to up to two external stakeholders.

ACCREDITATION DECISION NOTIFICATION TO STAKEHOLDER #1

Title

First Name

Middle Initial

Last Name

Suffix (Jr., Sr., etc.)

Credentials

Work Phone

Extension

Email

Job Title

Organization Name

Mailing Address

Suite Number, Floor, Department, or OTHER

City

Country

State/Province/Territory

OTHER State/Province/District (outside North America Only)

Zip/Postal Code

County

ACCREDITATION DECISION NOTIFICATION TO STAKEHOLDER #2

Title

First Name

Middle Initial

Last Name

Suffix (Jr., Sr., etc.)

Credentials

Work Phone

Extension

Email

Job Title

Organization Name

Mailing Address

Suite Number, Floor, Department, or OTHER

City

Country

State/Province/Territory

OTHER State/Province/District (outside North America Only)

Zip/Postal Code

County

Identify any outcomes systems used.

Check all that apply.	Name	Description
☐	Activity Measure-Post Acute Care (AM-PAC)	
☐	eRehabData	
☐	Focus on Therapeutic Outcomes (FOTO)	
☐	IT Healthtrack	
☐	MedTel Outcomes	
☐	National Outcomes Measurement System (NOMS)	
☐	Outpatient Physical Therapy Improvement in Movement Assessment Log (OPTIMAL)	
☐	ProMOS System/RehabCare	
☐	UDS/LifeWare	
☐	UDS-PRO/UDSMR	
☐	Other pooled data system (specify)	
☐	None	

Identify any outcomes tools/measures used.

Check all that apply.	Name	Description
☐	Canadian Occupational Performance Measure (COPM)	
☐	Community Integration Questionnaire (CIQ)	
☐	Craig Handicap Assessment Rehab Tool (CHART)	
☐	Diener Satisfaction with Life Survey (SWLS)	
☐	Disabilities of the Arm, Shoulder and Hand (DASH) Outcome Measure	
☐	Disability Rating Scale (DRS)	
☐	Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI)	
☐	Mayo-Portland Adaptability Inventory (MPAI-3, MPAI-4)	
☐	Minimum Data Set (MDS)	
☐	Neck Disability Index (NDI)	
☐	Oswestry Disability Index	
☐	Roland Morris Disability Questionnaire	
☐	SF-12/SF-36	
☐	Supervision Rating Scale (SRS)	
☐	Visual Analog Scale/Pain Rating Scale	
☐	Other published outcome tool (specify)	
☐	Organization-developed/unpublished outcome tool	

Identify any satisfaction tools used.

Check all that apply.	Name	Description
☐	Avatar Patient Survey	
☐	Gallup Patient Quality System/Patient Satisfaction	
☐	Jackson Group Customer/Patient Satisfaction	
☐	National Research Corp (NRC+Picker) Patient Satisfacton	
☐	Press Ganey Patient/Resident Satisfaction	
☐	Professional Research Consultants (PRC) Patient/Consumer Perception Survey	
☐	uSPEQ Consumer Experience Survey	
☐	uSPEQ Employee Climate Survey	
☐	Other published patient satisfaction (specify)	
☐	Other published stakeholder satisfaction (specify)	
☐	Organization-developed/unpublished satisfaction tool	

APPLICATION ITEMS

Items identified as required must be submitted.

Do not send items that include protected health information.

ITEM

Item

Budget for programs/services seeking accreditation

Required

☑

Format

☐ Hard Copy

☑ Electronic

Date Received by CARF International

4/21/2026

Attachment	Date Added	Type	Size
Dove House 2026 Approved Budget.pdf	4/21/2026	.pdf	141.50 KB

ITEM

Item

Information used to describe programs/services - Std. 2.A.1.

Required

☑

Format

☐ Hard Copy

☑ Electronic

Date Received by CARF International

4/21/2026

Attachment	Date Added	Type	Size
Program Description and Scope of Services.docx	4/21/2026	.docx	35.31 KB

ITEM

Item

Map(s) with the sites marked

Required

☐

Format

☐ Hard Copy

☑ Electronic

Date Received by CARF International

4/21/2026

Attachment	Date Added	Type	Size
Dove State Map 25.pdf	4/21/2026	.pdf	4.16 MB

ITEM

Item

Organization chart

Required

☑

Format

☐ Hard Copy

☑ Electronic

Date Received by CARF International

4/21/2026

Attachment	Date Added	Type	Size
Organization Chart 2026.pdf	4/21/2026	.pdf	63.93 KB

ITEM

Item
Other Item(s)

Required
☐

Format
☐ Hard Copy
☐ Electronic

Date Received by CARF International

ITEM

Item
Performance analysis - Std. 1.M.1.-2.

Required
☑

Format
☐ Hard Copy
☑ Electronic

Date Received by CARF International
4/21/2026

Attachment	Date Added	Type	Size
2025 Action Plan and Dashboard.xlsx	4/21/2026	.xlsx	310.85 KB
2025 Logic Model.docx	4/21/2026	.docx	46.17 KB

AGREEMENT AND SIGNATURE

This survey application agreement (“Agreement”) is made and entered into by the undersigned (“Provider”) as of the date of execution set forth below (“Effective Date”).

A. CARF International (“CARF”) is an Arizona, USA, nonprofit corporation engaged in the business of conducting accreditation surveys and rendering accreditation decisions for providers of human services;

B. Provider is in the business of providing human services to the persons it serves; and

C. Provider desires for CARF to conduct an accreditation survey and render an accreditation decision with respect to some or all of its human services programs.

In consideration of the foregoing and the terms and conditions contained herein, Provider hereby acknowledges and agrees as follows:

1.0 Programs
CARF will conduct an accreditation survey of and issue an accreditation decision for the mutually agreed program or programs delivered by Provider (“Program”).

2.0 Conduct of Survey
Provider authorizes and grants express permission for CARF to conduct an on-site or digitally enabled accreditation survey of the Program, as CARF may determine in its sole discretion, in such manner and utilizing such health and safety protocols and other policies and procedures as CARF may establish from time to time. Provider acknowledges and agrees that it will not request a digitally enabled survey unless it currently experiences significant negative effects from COVID-19 that it reasonably expects will preclude a healthy and safe on-site survey during the survey timeframe

3.0 Scope of Decision
The accreditation decision issued by CARF applies only to the Program, as it exists at the time actually surveyed by CARF. Accreditation does not apply to any program or site not actually surveyed by CARF without CARF’s prior written approval. The accreditation decision is specific and expressly limited to the Program, as and while owned and operated by Provider, and does not apply to any other person or entity (including but not limited to successors and assigns), program, service or location, unless expressly approved by CARF in writing. Notwithstanding anything to the contrary contained in this Agreement, any and all matters related to the accreditation decision at any time, including but not limited to its issuance, denial, modification, suspension or revocation, will be determined at CARF’s sole and binding discretion.

4.0 Standards Manual
The CARF standards manual(s) in effect for the Program’s program type(s) on the date the accreditation survey is conducted is the manual applicable to the accreditation survey and resulting accreditation decision, unless another manual is specified by CARF in writing, and Provider acknowledges receipt of such. Once the accreditation decision is issued, accreditation is governed by CARF’s accreditation conditions, applicable standards, and policies and procedures in effect from time to time. Provider hereby expressly acknowledges and agrees that the accreditation conditions, applicable standards, and policies and procedures are subject to change at any time, with or without notice, and that Provider is responsible for all such changes. Provider is responsible for timely payment to CARF of all fees referenced in the applicable standards manual, as well as any and all applicable taxes, in such amounts as may be current from time to time; provided, that CARF will accept payment on Provider’s behalf from a third party. All fees are nonrefundable. Failure to timely pay any fees due and owing to CARF may result in the denial of accreditation or modification of accreditation status or accreditation decision, up to and including termination of accreditation. Any conflict between the standards manual, accreditation conditions, applicable standards, or policies and procedures and this Agreement will be resolved in favor of this Agreement. Any and all decisions and determinations related to and interpretations of the standards manual, accreditation conditions, applicable standards, policies and procedures, and this Agreement will be determined in CARF’s sole and binding discretion.

5.0 Ongoing Performance
During the term of this Agreement, Provider and/or the Program, as appropriate, will satisfy all CARF accreditation conditions, substantially conform with the applicable CARF standards, and comply with all CARF policies and procedures, as are in effect from time to time, and will comply with all applicable legal requirements. Any failure to perform the obligations of this section or any other section of this Agreement may result in the denial or modification of accreditation, up to and including termination of accreditation.

6.0 Access to Information
Provider will provide to CARF, and obtain any authorizations necessary for CARF to review, any and all documents, materials, and other information as may be requested by CARF at any time, including but not limited to confidential organizational and consumer records, and is solely responsible for providing all information necessary for CARF to consider conformance to standards and determine the accreditation decision. Provider will also make consenting consumers available for interview, as requested by CARF.

7.0 Truth of Information
CARF will and is entitled to rely upon the truth and accuracy of all information provided to it by Provider. Accordingly, Provider hereby warrants and represents that all of its employees, representatives, and agents who have provided or will provide information to CARF have been and will be duly instructed to provide only truthful, accurate, and complete information and that, to the best of Provider's knowledge, information and belief, such instructions have and will be followed and all information provided to CARF is and will be accurate, truthful, and complete.

8.0 Disclosure to CARF
All third parties are hereby expressly authorized to disclose and deliver to CARF such documents, materials, and other information as CARF may request at any time, in its sole discretion, in connection with the process of obtaining and maintaining accreditation. This Agreement constitutes evidence of Provider's authorization for release of documents, materials, and other information to CARF.

9.0 Disclosure by CARF
CARF is hereby expressly authorized to make public, at its sole discretion and with or without notice, information related to Provider and/or the Program, to the extent not confidential or prohibited from disclosure by law. Notwithstanding any limitation stated in the foregoing sentence, CARF is hereby expressly authorized to disclose, at its sole discretion and with or without notice, any and all information related to Provider and/or the Program to any federal, state, provincial or other governmental entity.

10.0 Indemnification
Provider will indemnify, defend, and hold harmless CARF and its agents, predecessors, successors, affiliated companies, affiliated persons, affiliated entities, administrators, employees, servants, representatives (whether legal or otherwise), officers, directors, managers and assigns from and with respect to any and all claims, costs, demands, charges, lawsuits, and liabilities of any kind whatsoever which may be made or asserted against it, them, or any of them, at any time by any person, firm, agency, or entity, resulting from or relating, directly or indirectly, to CARF's performance of this Agreement, including but not limited to the accreditation survey, accreditation decision and continuation/termination of accreditation.

11.0 Limitation of Liability

11.1 Exclusive Remedy
CARF's review and appeal process in effect from time to time is Provider's sole and exclusive remedy with respect to CARF's performance of this Agreement, including but not limited to the accreditation survey, accreditation decision and continuation/termination of accreditation, and Provider hereby expressly and knowingly waives any and all other rights and remedies.

11.2 Release
Provider hereby expressly and knowingly releases, discharges, cancels, waives and acquits CARF and its agents, predecessors, successors, affiliated companies, affiliated persons, affiliated entities, administrators, employees, servants, representatives (whether legal or otherwise), officers, directors, managers and assigns, of and from any and all rights, claims, demands, causes of action, obligations, damages, penalties, fees, costs, expenses and liability of any kind or nature whatsoever that Provider has, had or may in the future have against it, them, or any of them, arising out of, or by reason of any cause, matter or thing whatsoever existing from the beginning of time to the date of the execution of this Agreement or in any way related to CARF's performance of this Agreement, directly or indirectly, including but not limited to the accreditation survey, accreditation decision and continuation/termination of accreditation, whether known or foreseeable to the parties at the time of the execution of this Agreement or not.

11.3 No Warranties
CARF makes no, and hereby disclaims, any and all representations and warranties, whether written or oral, express or implied, as to CARF's performance of this Agreement, including but not limited to all of Provider's accreditation surveys, accreditation decisions and continuation/termination of accreditation.

12.0 Term
This Agreement is effective as of the Effective Date and will terminate upon the earlier of: (a) Provider's withdrawal from the accreditation process; (b) the expiration of nine (9) months from the Effective Date without an accreditation survey being scheduled; (c) the date of issuance by CARF of (i) a Nonaccreditation decision, or (ii) the affirmation of a Nonaccreditation decision when Provider elects to pursue a review or appeal, whichever is later; (d) expiration of accreditation; or (e) termination of accreditation by CARF. Sections 9.0, 10.0, 11.1, 11.2, 11.3, 13.0 and 14.0 hereof will survive termination of this Agreement.

13.0 HIPAA
If Provider is a covered entity under HIPAA, the parties hereby agree to be bound by the terms of the CARF Business Associate Addendum located at http://www.carf.org/BAA, which agreement, as amended by CARF from time to time, is incorporated herein by reference (with Provider as the "Covered Entity" and CARF as the "Business Associate"). [The foregoing provision does not apply if Provider is a Veterans Health Administration entity.] Provider warrants and represents that it has obtained from all current employees and representatives who may communicate with CARF on its behalf (or will obtain, with respect to all future employees and representatives who may communicate with CARF on its behalf) consent for CARF to process and use their personal information for purposes of performing this Agreement or any other purpose for which the information was communicated, and Provider expressly acknowledges and agrees that CARF is entitled to rely on such representation and warranty.

14.0 Miscellaneous

(a) This Agreement is binding upon Provider and its successors and assigns; provided, however, that Provider may not assign any rights or delegate any duties under this Agreement without the prior written consent of CARF. (b) This Agreement supersedes any prior or contemporaneous agreements, representations, promises, inducements or commitments, whether written or oral, by the parties hereto with respect to the subject matter of this Agreement, and constitutes the complete and entire agreement of the parties. This Agreement may not be amended or modified. Any subsequent writing purporting or attempting to amend, modify, supersede or otherwise alter any provision(s) of this Agreement or the terms and conditions applicable to the accreditation and/or survey that are the subject matter of this Agreement (including but not limited to Provider's standard terms of purchase or purchase order terms, if any) shall be null, void and of no force or effect. (c) Should any provision of this Agreement be held invalid, illegal, or unenforceable by a tribunal of competent jurisdiction for any reason whatsoever, the remaining terms and provisions of this Agreement shall not be affected and shall continue to be valid and enforceable to the fullest extent permitted by law. (d) The failure at any time by CARF to require strict performance of any provision of this Agreement shall not constitute a waiver by CARF of such provision, even if CARF knows of the nature of the performance and fails to object to it. No waiver shall be valid or effective, unless in writing signed by CARF. (e) Nothing expressed or implied in this Agreement is intended to confer, nor shall anything herein confer, upon any person or entity other than CARF and Provider and their successors and permitted assigns, any rights, remedies, obligations, or liabilities whatsoever. (f) This Agreement shall be governed by the substantive law of the State of Arizona, USA. Except as otherwise provided herein, any and all disputes, claims, or controversies arising between CARF and Provider with respect to the performance, terms and conditions, or subject matter of this Agreement shall be resolved by final and binding arbitration conducted in Tucson, Arizona, USA, by a single arbitrator under the auspices and in accordance with the commercial arbitration rules of the American Arbitration Association. The single arbitrator is specifically authorized and instructed to award reasonable attorney's fees and costs to the substantially prevailing party. (g) In the event of any circumstance that makes strict performance of this Agreement impossible, impractical, commercially unreasonable or unsatisfactory to CARF, as CARF may determine from time to time with or without notice, whether foreseeable or unforeseeable, CARF may take any and all actions it deems reasonable or appropriate in its sole discretion, without limitation, for it to partially perform or change the nature and/or timing of performance or terminate this Agreement in whole or in part. (h) Submission of the application for accreditation constitutes the Provider's execution of this Agreement, and the submitting representative of Provider hereby warrants and represents that it has the legal right, power, and authority to enter this Agreement and bind Provider to all of the terms and provisions hereof.

By checking the box below, you represent that you are authorized to bind the organization and agree to all of the terms and conditions contained in the survey application agreement above.

On behalf of the organization, I agree to all of the terms and conditions of the survey application agreement.
☑

Online survey application submitted by
311615 Wendy Noe Date: 04/22/2026