

FLORIDA ASSOCIATION OF RECOVERY RESIDENCES

This Certifies That

*has undergone an inspection process and is determined to have met our standard
as a Level _____ Recovery Residence.*

This is an annual survey and will expire one year from date of certification.

Dated this _____ day of _____, 2016



John Lehman

John Lehman
President, FARR

Whitney Lehman

Whitney Lehman
Certification Administrator, FARR