



## Statement of Understanding – Provider Directory

### Content Owner:

The undersigned recognizes that the Provider Directory will be more effective when organizational information is accurate and up to date. The undersigned agrees to update this information as it changes, on a semi-annual basis or upon a specific request from R3. The individual listed below will serve as the initial content owner:

Name: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

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

### Collaborative Partnership:

The undersigned organization recognizes that R3 represents a collaboration of Christian individuals and organizations serving people in recovery from addiction and/or re-entry from incarceration. We recognize the value of the faith-based organizations in the community and seek to work with them to better serve both our clients and those served by the members of R3. We will not undermine or minimize the comprehensive care plans initiated by other collaborative members.

Signed \_\_\_\_\_ / / \_\_\_\_\_  
Authorized Representative

Organization Name \_\_\_\_\_