

# Letter of Intent

## Recovery Friendly Workplace Letter of Interest Consent Form

Name of Business/Organization:

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Type of Business:

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Number of Employees:

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Contact Name:

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Title of Contact:

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Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

Referral Source:

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1. Our organization currently offers recovery education and training for employees at all levels.
2. Our organization has an Employee Assistance Program (EAP) that offers behavioral health supports for employees and their family members in need.
3. Our organization's human resources department or staff have policies in place to address behavioral health issues that arise in the workplace.



4. When reviewing policies and procedures, our organization's human resources department or staff evaluates them from a wellness perspective.
5. Our organization has, and encourages, a non-stigmatizing attitude towards behavioral health concerns.
6. Our organization currently offers internal (or through external contracts) peer recovery support services for employees in or seeking recovery.
7. Our organization maintains an up-to-date list of prevention, treatment, and recovery support organizations available to employees in their communities.
8. Our organization informs all existing employees and new employees of the organizational alcohol, tobacco and other drugs (ATOD) policy and procedures.
9. The organization allows for flexible time-off for employees to attend recovery support activities and events.
10. Our organization has a dedicated staff position that leads recovery-supportive programming, social events, and other activities for all employees, including those in recovery.
11. Our organization has policies in place that promote a successful and non-punitive return to work for employees who engage in behavioral health treatment.
12. The organization has adopted formal workplace protections for employees with a recovery identity or living with a behavioral health disorder.
13. Our organizational leadership team understands the importance of creating a psychologically-safe environment for all employees.



14. Our organization has an employee satisfaction survey that results in changes for the enhancement of the workplace's culture.

15. Does your organization have a drug testing policy?

a. If yes, what is it/how is it enforced?

16. What does your organization believe are the attitudes around mental health and substance use disorder(SUD)/addiction/recovery in the workplace?

17. What supports does your organization currently offer to your employees?

18. Why does your organization want to become a Recovery Friendly Workplace?

19. How did your organization find out about the Recovery Friendly Workplace Initiative?

By submitting, you are giving the Nebraska Recovery Friendly Workplace Network permission to file a letter of interest through the Recovery Friendly Workplace Initiative, and you understand that you will be contacted by the Recovery Friendly Workplace Network regarding next steps in the designation process.

