



# RFW Designation Renewal Form

Thank you for taking the time to complete RFW's Designation Renewal process! This is a great opportunity to check in and see how RFW has been going, celebrate accomplishments from the previous year, and set goals for the upcoming one. In addition to this serving as a helpful tool for the development of your own RFW culture, we will use this feedback, along with feedback from your RFW peers, to help us evaluate the initiative. De-identified, aggregated findings may be shared with external stakeholders and include the development of public-facing assets. Should we wish to share a quote, we would only do so with your express permission. If you do not want your data shared, or only want a portion of it shared, or if you have any questions on this process, please just let us know.

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**1. Company Name:**

**2. Date Designated:**

**3. Date of Last Designation  
Renewal (if applicable):**

**4. Names of Those in  
Attendance & Roles:**

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**5. Workplace Sector:**

**6. Industry Category:**

**7. # Employees**

## Initial Required Components

8. Submitted LOI:

9. Received Orientation:

10a. Disseminated Declaration:

10b. Declaration Text (copy and paste below):

10c. Please describe how you disseminated your Declaration:

10d. Do you review your Declaration/that you are an RFW on an annual basis? (Please describe)

## Additional Required Components (to be completed within one year of Designation)

11. Provide information and resources on health, well-being, and recovery to employees (please describe):

12a. Connect with local recovery resources (e.g., Public Health Networks & Recovery Community Organizations)

12b. Did you connect with/utilize your local Public Health Network this past year? Why or why not?

12c. Did you connect with/utilize your local Recovery Community Organization this past year? Why or why not?

12d. Are there any other local recovery resources you connected with? (Please describe)

**13a. Ensure current employees and new hires receive training on existing Alcohol, Tobacco, and Other Drug (ATOD) policies, with an annual review for all (please describe):**

**13b. To what degree have you revised and/or created the following policies?**

Policy/Benefit Type	Level of Implementation	Describe (if you would like)
Leave of Absence	<input type="text"/>	
Return to Work Agreement	<input type="text"/>	
Short-Term Disability	<input type="text"/>	
Earned Time/Sick Leave	<input type="text"/>	
Employee Assistance Program	<input type="text"/>	
Health Insurance	<input type="text"/>	
Flexible Scheduling	<input type="text"/>	
Other (please specify)		

**14a. Ensure supervisors & employees receive annual training/education on substance use, behavioral health, & addiction**

**14b. Please describe the training(s) you did below. (Please note: Only one training is required to fulfill this checklist component, but if you wish to note more, you may.)**

Date	Training Topic	# Employees	Goals & Outcomes
	Advisors can pre-populate some of this as well		

## Optional Components

15. Develop an RFW Committee or incorporate an RFW focus into an existing health, wellness, or safety committee (please describe):

16. Participate in a community-based prevention or recovery-focused activity (please describe):

17. Additional ways your workplace has implemented RFW that have not yet been captured (please describe):

## Reflections & Goals

1. What are the most meaningful ways your company has changed this year as a result of participating in the initiative and being an RFW? What made them so meaningful?
2. Please describe any challenges you encountered this year being an RFW and what you did to navigate these.
3. Please list RFW-related goals that you would like to work on for the upcoming year. You may want to include additional resources/trainings you'd like to get connected to. Additionally, discuss any potential plans to help you achieve these goals, in addition to ways in which your RFA can help you meet them.

**Goal 1:**

**Plan:**

**Goal 2:**

**Plan:**

**Goal 3:**

**Plan:**

## Independent Questions

1. In the past year, have you had staff members disclose mental health or substance use concerns that were impacting them (whether directly or indirectly)? (Please use the drop-down.)

(Optional) If yes, how many?

2. Please indicate the extent to which you agree with the following statement: My engagement with RFW has helped me feel better equipped to respond to employee concerns about substance use. (Please use the drop-down - please note that it does scroll.)

3. In the past year, did you help any employees get connected to substance use disorder treatment and/or other recovery supports? (Please use the drop-down.)

4. If you did get employees connected to substance use disorder treatment and/or other recovery supports, can you please say a little more about how?

5. In the past year, have you seen a greater willingness to hire people in recovery? (e.g., adding a recovery-friendly workplace statement to job descriptions, telling job candidates about being a recovery-friendly workplace, hiring people that are known to be in recovery. (Please use the drop-down.)

6. If you feel you have seen a greater willingness to hire people in recovery at your workplace, can you please say a little more about why you feel that way?

7. What have been the most helpful supports (e.g., training, check-ins with Advisors, connections to resources, etc.) that you've received from us?

8. Moving forward, what kinds of resources/supports would be most helpful to you as you work to advance your RFW culture?

9. Is there anything else you would like us to know about your experience with RFW?

- \*10. Do you consent to having your data shared in accordance with the parameters described at the beginning of this form? (Please use drop-down)

*Thank you so much for your time and support! We so appreciate your partnership and celebrate the difference we can make when we work together.*

On behalf of the company/organization I am representing, I have filled this application out truthfully and to the best of my knowledge.

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I (RFA) met with this workplace and went through the Designation Renewal process with them.

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