

# RIVERSIDE COUNTY SOBER LIVING COALITION

*A Fiscal Sponsee of the Sober Living Network*

Call for an inspection appointment: Dennis – (951) 522-1729 Glenn – (951) 219-8021

Candy – (951) 907-3660 Matt – (760) 808-0707

For instructions or further information please visit [www.soberhousing.net](http://www.soberhousing.net)

## MEMBERSHIP APPLICATION

New Member (\$200)  Existing Member 2<sup>nd</sup> House (\$100)  Renewal 1<sup>st</sup> House (\$200)  Renewal 2<sup>nd</sup> House (\$100)

SL Home Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

SL Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Referral Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

OPERATOR TYPE: \_\_\_\_\_ Website Address: \_\_\_\_\_

Nonprofit Corporation: (Name) \_\_\_\_\_

Proprietary: (Name of Owner or Corp.) \_\_\_\_\_

Affiliated w/ Alcohol & Drug Program: (Program Name) \_\_\_\_\_

TYPE OF FACILITY:  House  Apartment Building  Other: \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_ Bathrooms: \_\_\_\_\_ Other Available Space: \_\_\_\_\_

Occupant Capacity: \_\_\_\_\_ Serving:  Men  Women  Women w/children  Co-ed

Guest Fee: Basic Monthly \$ \_\_\_\_\_ Date Home Started as SL: \_\_\_\_\_

Are you willing to fully participate in the local Sober Living Coalition?  YES  NO

Have you read and understand the coalition membership requirements?  YES  NO

Have you reviewed the health, safety and management requirements?  YES  NO

Have you read and do you agree to abide by the Code of Ethics?  YES  NO

Do you understand if you miss 3 consecutive / or 4 total Coalition

Meetings per year you will be removed from membership immediately?  YES  NO

I hereby verify the above information and request membership in the Riverside County Sober Living Coalition.

\_\_\_\_\_  
(Signature) Sober Living Home Operator

\_\_\_\_\_  
Date

-----FOR OFFICE USE ONLY-----

### MEMBERSHIP REQUIREMENTS CHECK LIST

Membership Fee Fully Paid?

Copies of Both Training Certificates?

Signed Code of Ethics?

General Liability Insurance Endorsement?

Home Brochure of Info Sheet?

Guest Agreement?

Rules, Regulations and/or Policies?

Application and Guest Information Form?

Inspection Assigned to: \_\_\_\_\_ Date: \_\_\_\_\_

Inspection Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Discrepancies Noted:  YES  NO Date QC Site Review Page sent to home: \_\_\_\_/\_\_\_\_/\_\_\_\_

This sober living home meets all the coalition membership requirements and is approved for membership.

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Riverside County Sober Living Coalition Field Organizer Office

Send application copy to Network Offices for certificate preparation and referral listing.

Certificate prepared and delivered: Date: \_\_\_\_\_ By: \_\_\_\_\_

Sober Living Network Office