

SAN BERNARDINO COUNTY SOBER LIVING COALITION

Call the Field Office at the below number for an inspection appointment.

Field Office: Kathy Frey 760-713-9815 Email: missfancipants@yahoo.com

Web Sites www.soberhousing.net

MEMBERSHIP APPLICATION

New Member, Existing Member Adding a New House, Existing Member Home Renewal

SL Home Name: _____ Date: ____/____/____

Location Address: _____

City: _____ Zip Code: _____

Referral Contact Name: _____ Contact Phone Number: _ (____) _____

Management Type: Nonprofit Corporation Proprietary Independent

Name Manager/Owner: _____ Phone: (____) _____ - _____ FAX: (____) _____ - _____

If Alcohol & Drug Program - Name of Program: _____

Name of Entity (If Self Managed): _____

Mailing Address: _____ City: _____ Zip: _____

Email address: _____@_____

TYPE OF FACILITY: House, Apartment Building, Other: _____

NUMBER OF BEDROOMS: _____ Number Bathrooms: _____ Other Available Space: _____

OCCUPANT CAPACITY: _____ SERVING: Men Women Children All

RESIDENT FEE: Basic Monthly \$ _____ Date Home Started: ____/____/____

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

I hereby validate the above information and request membership in the LA County Sober Living Coalition.

(Signature) Sober Living Home Owner or Operator Date

----FOR Office Use Only ----

MEMBERSHIP REQUIREMENTS CHECK LIST

- | | |
|--|--|
| <input type="checkbox"/> Membership Fee Fully Paid? | <input type="checkbox"/> Completed Sober Living Training workshop? |
| <input type="checkbox"/> Signed the Code of Ethics? | <input type="checkbox"/> General Liability Insurance Endorsement? |
| <input type="checkbox"/> Home Brochure or Info Sheet? | <input type="checkbox"/> Lodger or Resident Agreement? |
| <input type="checkbox"/> Rules, Regulations and/or Policies? | <input type="checkbox"/> Application and Resident 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: _____
San Bernardino County Coalition Field Organizer Office Date

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

Certificate prepared and delivered. Date: _____ By: _____
Sober Living Network Office