



# Los Angeles County Sober Living Coalition

Part of the Sober Living Network, a 501(c)(3) nonprofit corporation  
Field Office: 2531 E. James Ave., West Covina, CA 91791 (626) 712-1348 Fax (626) 915-4426  
E-mail: slnetwork@earthlink.net Web Site: [www.soberhousing.net](http://www.soberhousing.net)

## MEMBERSHIP APPLICATION

Existing Member Renewal       1<sup>st</sup> residence (\$395.00)     additional residence (\$240.00)

New Member       1<sup>st</sup> residence (\$395.00)     additional residence (\$240.00)

### Section I: Residence Information (please submit one application per residence)

Residence name: \_\_\_\_\_

Residence address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ ZIP \_\_\_\_\_

Date Sober Living residence established \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Website address (if different from member web address): \_\_\_\_\_

Residence is  owned by member     leased from third party     leased from person or entity related to member

Type of structure:  single family detached house     Apartment building     One or more apartment units

Condominium unit(s)     Duplex or triplex     Other: \_\_\_\_\_

Number of bedrooms: \_\_\_\_ Number of bathrooms: \_\_\_\_ Other available space: \_\_\_\_\_

One Story     Two Story     Other: \_\_\_\_\_

Pool?  yes     no

Resident capacity: \_\_\_\_ Serving:  Men     Women     Women with Children     Co-ed     Men with Children

Other population (list here): \_\_\_\_\_

Resident fees: Basic monthly \$ \_\_\_\_\_

More than one fee for accommodations in this residence?  yes     no

Is food included as part of resident fees?  yes     no

### Section II: Member Information (information on the organization or individual operating this residence)

Member/applicant name: \_\_\_\_\_

Type of organization:  corporation     partnership     limited liability company (LLC)     sole proprietorship  
 nonprofit corporation     nonprofit-other     unincorporated entity     other

Member/applicant business address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_

Website address: \_\_\_\_\_

Number of recovery residences operated by this organization: \_\_\_\_

Does applicant own or operate a licensed alcohol & drug or mental health program or facility?  yes     no

If yes, name of licensed program(s) or facility(ies): \_\_\_\_\_



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## Section III: Contact Information (member, residence, Network website)

### Principal business contact for this member organization:

Name: \_\_\_\_\_ Position title or duties: \_\_\_\_\_  
Principal contact phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Principal contact email: \_\_\_\_\_

### Responsible person for this residence (Manager, senior resident, peer leader, house captain or equivalent):

Name: \_\_\_\_\_ Position title or duties: \_\_\_\_\_  
Responsible person phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Responsible person email: \_\_\_\_\_

### Residence contact information to appear on the Sober Living Network website:

Website contact name \_\_\_\_\_  
Website contact phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Website contact email \_\_\_\_\_

## Section IV: Training (member and home)

Has someone active in the management of recovery residences for this organization completed the Developing & Operating Quality Sober Living Homes workshop?

yes  no

If yes, person completing workshop: \_\_\_\_\_ Date training completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Job title, organizational role or duties: \_\_\_\_\_

Has someone active in the operation or peer support for this residence completed the Leadership Training workshop?

yes  no

If yes, person completing workshop: \_\_\_\_\_ Date training completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Job title, organizational role or duties: \_\_\_\_\_

## Section V: Additional Support Information (optional information for internal referral purposes only)

Do you accept residents with pets?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is your home Handicap accessible?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you offer special accommodations for Veterans?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you accept residents without initial payment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is your Home LGBT Only ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is your Home or LGBT friendly?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## Section VI: Applicant affidavit and signature

Have you read, and do you agree to abide by the Code of Ethics?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you willing to fully participate in Coalition and Chapter activities?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you read and do you understand the Coalition membership requirements?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you reviewed the health, safety and management requirements?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

*I hereby attest that the above information is true and complete, and that I am authorized to execute this application on behalf of the applicant. Applicant hereby requests membership in The Los Angeles County Sober Living Coalition.*

\_\_\_\_\_  
Date \_\_\_\_\_

(Signature) legal representative of applicant

Name (please type or print) \_\_\_\_\_