

# SAN BERNARDINO COUNTY SOBER LIVING COALITION

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

Field Office: **Alfred Arellano 909-693-1419** Email: [allano@live.com](mailto:allano@live.com)

Web Sites [www.soberhousing.net](http://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