



# Riverside County Sober Living Coalition

Proud Members of Network of Recovery & Sober Living Network

## MEMBERSHIP APPLICATION

Call for an inspection appointment: **Dennis Stout 951-522-1729**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Existing Member Renewal | <input type="checkbox"/> 1 <sup>st</sup> residence (\$200.00) | <input type="checkbox"/> additional residence (\$100.00) |
| <input type="checkbox"/> New Member              | <input type="checkbox"/> 1 <sup>st</sup> residence (\$200.00) | <input type="checkbox"/> additional residence (\$100.00) |

### Section I: Residence Information (please submit one application per Sober Living Home)

Sober Living Name: \_\_\_\_\_

Sober Living Address: \_\_\_\_\_

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

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

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

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

Website address (if any): \_\_\_\_\_

Residence is  owned by applicant  rented or leased from third party

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 Security fence  yes  no Alarm  yes  no

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

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

Is there more than 1 set fee for this Sober Living Home?  yes  no

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

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: \_\_\_\_\_

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): \_\_\_\_\_

### Section III: Contact Information (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, head of house or equivalent):

Name: \_\_\_\_\_ Position title or duties: \_\_\_\_\_

Responsible person phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Responsible person email: \_\_\_\_\_

#### Sober Living 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 the owner of this home completed the Sober Living Network Training?  yes  no

Name \_\_\_\_\_ Date training completed: \_\_\_/\_\_\_/\_\_\_ (attach certificate copy)

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

Has the Manager / Head of House for this home completed the Sober Living Network Training?  yes  no

Name: \_\_\_\_\_ Date training completed: \_\_\_/\_\_\_/\_\_\_ (attach certificate copy)

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
Do you understand if you miss 3 consecutive or 4 total Coalition meetings Per year, you will be removed from membership immediately?	<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 Riverside County Sober Living Coalition.*

**X** \_\_\_\_\_ Date \_\_\_\_\_

(Signature) legal representative of applicant

(Print Name) \_\_\_\_\_ Phone \_\_\_\_\_

### -----FIELD OFFICER USE ONLY-----

<input type="checkbox"/> Membership Fee Fully Paid? <input type="checkbox"/> CASH <input type="checkbox"/> CK# _____	<input type="checkbox"/> Completed Sober Living Training Workshop?
<input type="checkbox"/> Signed Code of Ethics?	<input type="checkbox"/> General Liability Insurance Endorsement?
<input type="checkbox"/> Home Brochure of Info Sheet?	<input type="checkbox"/> Guest Agreement?
<input type="checkbox"/> Rules, Regulations and/or Policies?	<input type="checkbox"/> Application and Guest Information Form?

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

This Sober Living home meets all of the Coalition Membership requirements and is approved for membership.

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

Riverside County Sober Living Coalition Field Officer

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