

LOS ANGELES COUNTY SOBER LIVING COALITION



Field Office: Vince Rincone

Phone: (818) 749-9570

E-Mail: laccprojectdirector@gmail.com

MEMBERSHIP APPLICATION

Please complete application and call (818) 749-9570 for inspection appointment

- New Member** 1st residence (\$395) additional residence (\$240)
- Existing Member Renewal** 1st residence (\$395) additional residence (\$240)
- Reinstate Membership** 1st residence (\$395) additional residence (\$240)

Date ____/____/____

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

Residence name: _____

Residence address: _____

City: _____ State: ____ ZIP: _____

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

Date residence established _____

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: _____

Resident capacity: ____ Serving: Men Women Women with Children Co-ed Men with Children

Other population (list here): _____

Level of resident support (1-4, see Network description of Levels of Support): ____

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: _____ (See Appendix 2 for help on this section)

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: _____

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): _____

Number of recovery residences operated by this organization: _____

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- Are you willing to fully participate in Coalition and Chapter activities? YES NO
- Have you read and do you 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

Section III: Contact Information (member, residence, Network website): *For help in completing this section please see Appendix 3 below.*

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 Sober Living Network Training workshop? yes no

If yes, person completing workshop: _____

Job title, organizational role or duties: _____

Date training completed: ____/____/____

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

yes no

If yes, person completing workshop: _____

Job title, organizational role or duties: _____

Date training completed: ____/____/____

Section V: Applicant affidavit and signature

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.

(Signature) legal representative of applicant

Date

Name (please type or print)