

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 10/14/2018

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

Residence name: SAS POSITIVE Pathways - Stephanie Holt
Residence address: 734 W. 104th Street
City: Los Angeles State: CA ZIP: 90044
Mailing address: SAME AS ABOVE 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 May 2018
Type of structure: single family detached house Apartment building One or more apartment units
 Condominium unit(s) Duplex or triplex Other: _____

Number of bedrooms: 3 Number of bathrooms: 2 Other available space: All Common Areas, Garage, Office space, front + back yard

Resident capacity: 10 Serving: Men Women Women with Children Co-ed Men with Children
 Other population (list here): N/A

Level of resident support (1-4, see Network description of Levels of Support): _____
Resident fees: Basic monthly \$ 1,100 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: SAS POSITIVE Pathways (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: 734 W. 104th St
City: LA State: CA ZIP: 90044

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: 0

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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: Stephanie Holt Position title or duties: Administrator

Principal contact phone: (323) 253 - 0573 Principal contact email: missstretty30@icloud.com

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: (323) 253 - 0573 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: Stephanie Holt

Job title, organizational role or duties: Administrator / House manager

Date training completed: 06/12/2018

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: Stephanie Holt

Job title, organizational role or duties: House manager

Date training completed: 6/12/2018

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]
(Signature) legal representative of applicant

6/19/2018
Date

Stephanie M. Holt
Name (please type or print)