

# **RIVERSIDE COUNTY SOBER LIVING COALITION**

*Proud members of ~ Network of Recovery ~ Sober Living Network*

**Call for an inspection appointment: Steve Gross (951)732-0256**

For instructions or further information please visit [www.soberhousing.net](http://www.soberhousing.net)

## **MEMBERSHIP APPLICATION**

1st Home \$300  2nd Home \$200  Additional Home(s) \$100

New Member  Renewal

SL Home Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

SL Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Referral Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_

OPERATOR TYPE: \_\_\_\_\_ Website Address: \_\_\_\_\_

Nonprofit Corporation: (Name) \_\_\_\_\_

Proprietary: (Name of Owner or Corp.) \_\_\_\_\_

Affiliated w/ Alcohol & Drug Program: (Program Name) \_\_\_\_\_

TYPE OF FACILITY:  House  Apartment Building  Other: \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_ Bathrooms: \_\_\_\_\_ Other Available Space: \_\_\_\_\_

Occupant Capacity: \_\_\_\_\_ Serving:  Men  Women  Women w/children  Co-ed

Guest Fee: Basic Monthly \$ \_\_\_\_\_ Date Home Started as SL: \_\_\_\_\_

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

Have you read and do you agree to abide by the Code of Ethics?  YES  NO

Do you understand if you miss 3 consecutive / or 4 total Coalition?

Meetings per year you will be removed from membership immediately?  YES  NO

I hereby verify the above information and request membership in the Riverside County Sober Living Coalition.

\_\_\_\_\_  
(Signature) Sober Living Home Operator

\_\_\_\_\_  
Date

-----**FOR OFFICE USE ONLY**-----

### **MEMBERSHIP REQUIREMENTS CHECK LIST**

Membership Fee – amount \$ \_\_\_\_\_ cash / check

Signed Code of Ethics

Home Brochure of Info Sheet

Rules, Regulations and/or Policies

Copies of Both Training Certificates

General Liability Insurance Endorsement

Guest Agreement

Application and Guest Information Form

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

Riverside County Sober Living Coalition Field Organizer Office

Send application copy to Network Offices for certificate preparation and referral listing.

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

Sober Living Network Office