

RIVERSIDE COUNTY SOBER LIVING COALITION

Proud members of ~ Network of Recovery ~ Sober Living Network

Call for an inspection appointment: Glenn Jordan 951-219-8021

For instructions or further information please visit 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