

# SOBER LIVING NETWORK - ORANGE COUNTY

*Proud members of the Sober Living Network*

*Call for an inspection appointment: Conor 714-330-9507 or Glenn 951-219-8021*

For instructions, forms, and other information, visit [soberhousing.net](http://soberhousing.net)

## MEMBERSHIP APPLICATION

1<sup>st</sup> Home \$200    Additional Home(s) \$100

Make checks payable to: Sober Living Network    New Member    Renewal

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

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

Operator Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Website Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

**OPERATOR TYPE:**  Nonprofit Corporation    Proprietary    Affiliated W/Treatment Program

Name of Owner, Corporation or Program: \_\_\_\_\_

**TYPE OF STRUCTURE:**  House    Apartment Building    Other \_\_\_\_\_

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

Guest Capacity: \_\_\_\_\_ Serving:  Men    Women    Women w/Children    Co-ed

Guest Contribution: \$ \_\_\_\_\_ Date Home Started as a SL: \_\_\_\_\_

Are you willing to fully participate in the local Sober Living Network?    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

**\*\*I hereby verify the above information and request membership in the Sober Living Network.**

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

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY

Membership Fee \$ \_\_\_\_\_ cash / check # \_\_\_\_\_

Copies of Training Certificates

Signed Code of Ethics

General Liability Insurance Endorsement

Home Brochure or Info Sheet

Guest Agreement

Rules, Regulations and/or Policies

Guest Application and Information Form

Inspection Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Discrepancies Noted:  YES    No   Date QC Site Review Page sent to home: \_\_\_\_\_

This Sober Living Home meets all of the Sober Living Network membership requirements and is approved

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

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