

SAN BERNARDINO COUNTY SOBER HOUSING COALITION

Proud members of the Sober Living Network (soberhousing.net)

P.O. Box 1040 S. Mt Vernon Ste. G Colton, Ca. 92392 www.sbcshc.homestead.com

Contact Gabe for inspection and information: (909) 910-8422 Email: gabenyl@yahoo.com

MEMBERSHIP APPLICATION

1st Home \$210 (includes \$50 to legal fund) Additional Home(s) \$50

New Member Renewal

Make checks payable to: San Bernardino Sober Housing Coalition

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 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 three (3) consecutive or four (4) total coalition meetings per year, your home will be removed from membership immediately? YES NO

*I hereby verify the above information and request membership in the San Bernardino Sober Housing Coalition.

(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 coalition membership requirements and is approved for membership

Approved By: _____ Date: _____

Certificate prepared and delivered: Date: _____ By: _____