

SAN BERNARDINO COUNTY SOBER HOUSING COALITION

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

Contact: Rob Redmon for inspection and information: (626) 675-1121

Email: rredmon@homesofpromise.org

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: _____