

ORANGE COUNTY SOBER LIVING COALITION

Do not mail. Call Patricia at the below number for an inspection appointment.

(714) 549-5739 E-mail: pbintliff@aol.com

Web Site: www.soberhousing.net

MEMBERSHIP APPLICATION

New Member Existing Member Adding a New House Existing Member Home Renewal

SL Home Name: _____ Date: ____/____/____

Location Address: _____

City: _____ Zip Code: _____

Mailing Address: _____ City: _____ Zip: _____

Owner's Name: _____ List on website Email _____

Telephone: (____) _____ - _____ FAX: (____) _____ - _____

Manager's Name: _____ List on website Email _____

Telephone: (____) _____ - _____ FAX: (____) _____ - _____

OPERATOR TYPE: _____ Website address: _____

Nonprofit Corporation: (Name) _____

Proprietary: (Name of Individual or Corporate Owner) _____

If Affiliated with Alcohol & Drug Program - Name of Program: _____

TYPE OF FACILITY: House Apartment Building Other: _____

NUMBER OF BEDROOMS: ____ Number Bathrooms: ____ Other Available Space: _____

OCCUPANT CAPACITY: ____ SERVING: Men Women Women with Children Co-ed

RESIDENT FEE: Basic Monthly \$ _____ Date Home Started: ____/____/____

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

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

(Signature) Sober Living Home Operator

Date

----FOR Office Use Only ----

MEMBERSHIP REQUIREMENTS CHECK LIST

- | | |
|--|--|
| <input type="checkbox"/> Membership Fee Fully Paid? | <input type="checkbox"/> Completed Sober Living Training workshop? |
| <input type="checkbox"/> Signed the Code of Ethics? | <input type="checkbox"/> General Liability Insurance Endorsement? |
| <input type="checkbox"/> Home Brochure or Info Sheet? | <input type="checkbox"/> Lodger or Resident Agreement? |
| <input type="checkbox"/> Rules, Regulations and/or Policies? | <input type="checkbox"/> Application and Resident Information Form |

Inspection Assigned to: _____ Date: _____

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 _____

Orange County Coalition Field Organizer Office

Date

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

Certificate prepared and delivered. Date: _____ By: _____

Sober Living Network Office