

RIVERSIDE COUNTY SOBER LIVING COALITION

A Fiscal Sponsee of the Sober Living Network

Call Field Officer Randy Reisner at (909)936-3212 for an inspection appointment.

For instructions or further information please visit www.soberhousing.net

MEMBERSHIP APPLICATION

New Member (\$200) Existing Member 2nd House (\$100) Renewal 1st House (\$200) Renewal 2nd House (\$100)

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 Fully Paid?

Signed Code of Ethics?

Home Brochure of Info Sheet?

Rules, Regulations and/or Policies?

Completed Sober Living Training Workshop?

General Liability Insurance Endorsement?

Guest Agreement?

Application and Guest 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: _____

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