

# Application Check List

Sober Home: \_\_\_\_\_ Operator: \_\_\_\_\_ Date: \_\_\_\_\_

Provider #: \_\_\_\_\_ Home ID #: \_\_\_\_\_ Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Total House: # \_\_\_\_\_ All Docs. Submitted: \_\_\_\_\_

House #1: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

House #2: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

House #3: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**\*NOTE:** For Additional Houses see page 3

This check list is for your use, and will help insure that your application materials are complete. We request that your application and supporting information be sent electronically. Reference letters may

This checklist is for your use, and will help insure that your application materials are complete.

Electronic application *AND* supporting materials may be attached to your online application **LINK** or may be emailed to [office@mashsoberhousing.org](mailto:office@mashsoberhousing.org).

Make checks payable to: Massachusetts Alliance of Sober Housing

Please send checks, hard copy applications and recommendation letters to:  
MASH, 102 Clematis Ave. Suites 3 & 4 Waltham, MA 02453

### CHECKLIST ( 1-28 )

1. Completed Application including Sober Home information and Fee Table
2. Completed SCHEDULE 2 FORM
3. Proof of Insurance (Insurance cover page only)
4. Written Permission from Lessor (If you are renting please provide written permission from the Landlord to operate the sober house (s))
5. Letter of recommendation, mailed by reference source to MASH
6. Website Address (if available)
7. Mission Statement/Vision Statement
8. Informational Material provided upon application for residence
  - a. Brochures
  - b. Handouts,
  - c. Supportive Information
9. Resident Agreement
10. Notice of Fees to Resident
11. House Rules
12. POLICIES and PROCEDURES
  - a. Rent
  - b. Refund policy

# Application Check List



- c. Personal Property Disposition
  - d. Alcohol/Drug Use/Relapse Procedure
  - e. Prohibited/Hazardous Items and Searches
  - f. Urine Screens
  - g. Medication Use/Policy
  - h. Operating Standards or equivalent information provided to residence staff
13. Managers Job Description
  14. Code Ethics
  15. Emergency Procedures with House Address and Staff Phone Numbers
  16. Written Resident Rights
  17. Grievance Policy and Procedures
  18. PHOTO – 2 Nalaxone (Narcan Kits) and Instructions (each House)
  19. PHOTO – Posted House Rules (each House)
  20. PHOTO – Posted Grievance Policy and Procedures (each House)
  21. PHOTO - Posted Emergency Procedures with House Address and Staff Phone Numbers (each House)
  22. PHOTOS - Posted Evacuation Maps (each House)
  23. PHOTOS – Exit Signs (each House)
  24. PHOTOS – Sober Home (each House)
  25. Municipal Lien Certificate (MA law)
  26. Application Fee \$150.00
  27. Certification Fee: \$50.00 per house

Send Registration and Inspection Fees to MASH, 102 Clematis Avenue, Suites 3 & 4 Waltham, MA 02453

(This section is for Inspectors to complete and return, use additional pages if necessary)

Inspection scheduled: \_\_\_\_\_ Inspector: \_\_\_\_\_ Date Completed \_\_\_\_\_

Inspection Outcome: House #1: \_\_\_\_\_ House #2: \_\_\_\_\_ House #3: \_\_\_\_\_

DATE: \_\_\_\_\_ PASS:  Operator completed pending items (cited below) Date: \_\_\_\_\_ Yes  No

PENDING:  Reason(s):  1. Org./Adm.Standards  2. Fiscal Standards  3. Operation Standards

4. Recovery Standards  5. Property Standards  6. Good Neighbor Standards

Inspection Notes:

HOUSE #1: \_\_\_\_\_

HOUSE #2: \_\_\_\_\_

HOUSE #3: \_\_\_\_\_

FAILED:  \_\_\_\_\_

Inspector Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Inspector please print name, sign and date)





MA Alliance of Sober Housing

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(This section is for Inspectors to complete and return use additional pages if necessary)

Inspection scheduled: \_\_\_\_\_ Inspector: \_\_\_\_\_ Date Completed \_\_\_\_\_

Inspection Outcome: House #4: \_\_\_\_\_ House #5: \_\_\_\_\_ House #6: \_\_\_\_\_

DATE: \_\_\_\_\_ PASS:  Operator completed pending items (cited below) Date: \_\_\_\_\_ Yes  No

PENDING:  Reason(s):  1. Org./Adm.Standards  2. Fiscal Standards  3. Operation Standards

4. Recovery Standards  5. Property Standards  6. Good Neighbor Standards

Inspection Notes:

HOUSE #4: \_\_\_\_\_

HOUSE #5: \_\_\_\_\_

HOUSE #6: \_\_\_\_\_

FAILED:  \_\_\_\_\_

Inspector Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Inspector please print name, sign and date)

House #4: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

House #5: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

House #6: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

House #7: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

House #8: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

House #9: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

House #10: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_