



Schedule 2: List of sober homes included in this application

Please use this form to provide us with information on all of the homes that are to be evaluated as part of your application. For additional homes, please use the second page of this form. If you are enrolling more than three homes, use as many copies of page two as you need

Please remember to return this schedule with your application materials.

Provider Name:			
Date of this application:		Number of homes included:	
Home name:		<input type="checkbox"/> New home	<input type="checkbox"/> add-on <input type="checkbox"/> renewal
Street address:			
City/Town:		State: MA	ZIP:
# beds	Monthly fees	Gender(s) served	Special populations served
Contact information			
Manager name		Manager email	Manager phone
Web contact name		Web contact email	Web contact phone
Management type			
<input type="checkbox"/> Operator/Manager <input type="checkbox"/> Resident manager <input type="checkbox"/> Non-Resident Manager <input type="checkbox"/> Other			
Provider ID:		Home ID:	Accept minors? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No

Schedule 2: continued

Provider Name:

Home name:		<input type="checkbox"/> New home	<input type="checkbox"/> add-on	<input type="checkbox"/> renewal
Street address:				
City/Town:			State: MA	ZIP:
# beds	Monthly fees	Gender(s) served	Special populations served	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Contact information				
Manager name		Manager email		Manager phone
<input type="text"/>		<input type="text"/>		<input type="text"/>
Web contact name		Web contact email		Web contact phone
<input type="text"/>		<input type="text"/>		<input type="text"/>
Management type				
<input type="checkbox"/> Operator/Manager <input type="checkbox"/> Resident manager <input type="checkbox"/> Non-Resident Manager <input type="checkbox"/> Other				
 				
Provider ID:		Home ID:		Accept minors? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>		<input type="text"/>		Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No

Home name:		<input type="checkbox"/> New home	<input type="checkbox"/> add-on	<input type="checkbox"/> renewal
Street address:				
City/Town:			State: MA	ZIP:
# beds	Monthly fees	Gender(s) served	Special populations served	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Contact information				
Manager name		Manager email		Manager phone
<input type="text"/>		<input type="text"/>		<input type="text"/>
Web contact name		Web contact email		Web contact phone
<input type="text"/>		<input type="text"/>		<input type="text"/>
Management type				
<input type="checkbox"/> Operator/Manager <input type="checkbox"/> Resident manager <input type="checkbox"/> Non-Resident Manager <input type="checkbox"/> Other				
 				
Provider ID:		Home ID:		Accept minors? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>		<input type="text"/>		Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No