

MASH APPLICATION

Organization Information

Name of organization:

Type of organization:

Date your organization was founded:

Primary Contact Information

First name:

Middle:

Last name:

Title:

Email:

Phone:

Cell:

Fax:

URL of Business Website:

Address:

City/Town:

State:

ZIP:

Individual Home Data

Home Name:

Address:

City/Town:

State:

ZIP:

Number of beds:

Monthly fees:

Gender(s) served:

Special populations served:

Accept minors:

Manager's Contact Information

First name:

Middle:

Last name:

Title:

Email:

Phone:

Cell:

Fax:

Fees and Certification

There is an annual certification fee based on the number of beds and an inspection fee. Please call MASH for more information about the fee structure at 781-472-2624 or go to our [website](#).

Certification

PLEASE INITIAL EACH STATEMENT BELOW

I certify that this application is supported by the applicant organization named above, and that I am authorized to submit this application on its behalf.

I agree to adopt the MASH standards for sober homes for all sober homes operated by my organization.

I currently have and agree to maintain general liability coverage in an amount appropriate to my operation and level of support.

I agree to have an open admission that allows for multiple referral sources, including self-referrals.

I agree to conform to MASH requirements as they may be revised from time to time.

I agree to cooperate with MASH in efforts to investigate and resolve grievances received by MASH that concerns your organization.

I further certify that our organization complies with all local, state and federal building, health, safety, zoning and non-discriminatory requirements that apply to our residences.

I acknowledge by my signature that I have read, understand, and agree with standards, code of ethics, and dispute resolutions established by [MASH](#).

MASH requires that you certify your application by submitting an electronic signature. To submit, type your name below and click send.

Electronic Signature:

Date:

Title:

Email this application to Office@mashsoberhousing.org