

MASH APPLICATION

Organization Information

Name of organization:

Type of organization:

Date your organization was founded:

Owner Contact Information

Name:

First Name

Last Name

Middle Initial

Email:

Phone:

Cell:

Fax:

Business Website:

Address:

City/Town:

State:

ZIP:

Individual Home Data

Home Name:

Address:

City/Town:

State:

ZIP:

Number of beds:

Fee:

Gender(s) served:

House Manager's Name:

Phone:

Email:

Cell Phone:

Public Information for MASH Website

Name:

First Name

Last Name

Middle Initial

Email:

Phone:

Fees and Certification

There is an annual certification fee based on the number of beds and an inspection fee. For more information about the fee structure 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 MASH-certified 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 the applicant's organization.

I further certify that the applicant's organization complies with all local, state and federal building, health, safety, zoning and non-discriminatory requirements that apply to our sober home(s).

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