

MASH APPLICATION

Organization Information

Name of Organization:

Type of Organization:

Date your organization was founded:

Owner Contact Information

Name:

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:

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 attest to legal business entity.

I attest that the claims made in marketing materials and advertising will be honest and substantiated and that it does not employ any of the following: false or misleading statements of unfounded claims or exaggerations; testimonials that do not reflect the real opinion of the involved individual; price claims that are misleading; therapeutic strategies for which licensure and/or counseling certifications are required but are not applicable to this site; misleading representations of outcomes.

I attest that electrical, mechanical, and structural component of the property are functional and free of fire and safety hazards.

I attest that the residence meets local health and safety codes appropriate to the type of occupancy (e.g., single family or other) OR provide documentation from a governmental agency or credentialed inspector attesting to the property meeting health and safety standards.

MASH requires that you certify your application by submitting an electronic signature. I acknowledge by my signature that I have read, understand, and agree with standards, code of ethics, and dispute resolutions established by MASH. To submit, type your name below and click send.

Electronic Signature:

Title:

Date:

Email this application to office@mashsoberhousing.org