

Name of Home:

Application Checklist

| | Ready | Missing | Notes |
|---|-------|---------|-------|
| Application for MASH Certification | | | |
| Resident Agreement | | | |
| House Rules | | | |
| Letter of Recommendation (New Homes ONLY) | | | |
| Policies & Procedures that cover: | | | |
| * Refund policy | | | |
| * Personal property disposition | | | |
| * Alcohol/drug use/relapse procedure | | | |
| * Prohibited/hazardous items and searches | | | |
| * Drug testing policy | | | |
| * Medication use/policy | | | |
| Code of Ethics | | | |
| Proof of Current Insurance- Commercial General Liability <i>(Insurance cover page only)</i> | | | |
| Mission/Vision Statement | | | |
| Grievance Policy and Procedure <i>(must reference MASH website to file grievance)</i> | | | |
| Mentor's Job Description | | | |
| Emergency Procedures <i>(house address and staff phone number)</i> | | | |
| Affidavit of Non-Discrimination | | | |
| Resident Work Policy | | | |
| Safety Policy | | | |
| Resident Participation Policy | | | |
| Confidentiality Policy | | | |
| Neighbor Communication Policy | | | |
| Infectious/Contagious Disease Policy | | | |
| Financial Record Keeping Policy | | | |
| Resident Financial Agreement <i>(Please see Notice Regarding Fees for Residents)</i> | | | |
| * Single page document requiring the resident's signature | | | |
| Written Permission from Lessor (if applicable) | | | |

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|---|--|--|--|
| Written Resident Rights | | | |
| Municipal Lien Certificate <i>(every 2 years)</i> | | | |

Please send documents by email to: office@mashsoberhousing.org or fax: 781-819-5151 or by mail to: MASH
5 Edgell Rd, Suite 30, Framingham, MA 01701. For any questions please contact MASH at 781-472-2624.