



**Dear SOARR Applicant,**

Thank you for your interest in membership with the Society of Addiction Recovery Residences (SOARR). We remain committed to the concept of sober living and the establishment of Recovery Residences along with CCAPP (California Consortium of Addiction Programs and Professionals) and NARR (National Association for Recovery Residences). As you know, it has been our collective experience that a majority of the persons leaving Recovery Programs (treatment) do not have access to affordable sober living accommodations. We have also learned through our experiences that the longer a person is exposed to and part of a sober community; the better his or her chances are for long time recovery.

Unfortunately, we know that not all facilities holding themselves out to be Sober Living Homes consider the comfort and welfare of the Resident as the most important ingredient. CCAPP and NARR have developed minimum standards for Recovery Residences that SOARR and our Membership continues to embrace.

To reiterate: CCAPP and SOARR have established a registration process for homes meeting the Sober Living Standards (NARR guided). It is not a certification or accreditation, but rather an acknowledgement that a facility states that it meets the SLE Standards, declares that it will continue to abide by the Standards, and is visited on an annual basis by peers who inspect the environment and recognize that the program meets the minimum Standards. The name of your Recovery Residence is then renewed on the SOARR website and the CCAPP official Registry, and your home receives a new certificate.

Please complete and submit the attached application. You will be notified of your review date directly from CCAPP.

*Thank you for your continued membership to the Society of Addiction Recovery Residences and for what you do for those in recovery!!*

## SOARR MEMBERSHIP PACKAGE CHECKLIST

Send all documents to [ADMIN@soarr.org](mailto:ADMIN@soarr.org) or fax to 619-342-9779  
or mail to 3960 W. Point Loma Blvd., Suite H #5030, San Diego, CA 92110

House Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_  
Name Number

- APPLICANT'S STATEMENT
- RECOVERY RESIDENCE APPLICATION FOR REGISTRATION (**ONE PER RESIDENCE**)
- CODE OF ETHICS (OWNER/OPERATOR, MANAGERS - **ONE EACH**)
- SOARR WEBSITE DATABASE FIELDS SPREADSHEET (**ONE PER RESIDENCE**)
- LOGO FOR SOARR WEBSITE AND/OR UPDATED PICTURES IF DESIRED
- DECLARATION PAGE OF CURRENT INSURANCE COVERAGE (IN FORCE) REFLECTING **NO LESS THAN \$500,000 LIABILITY COVERAGE AND ALL RESIDENCE ADDRESS(ES)**
- WRITTEN PERMISSION FOR LESSEE TO MAINTAIN A SOBER LIVING HOME IF LEASED RESIDENCE OR PROOF OF OWNERSHIP IF OWNED BY OPERATOR
- BUSINESS STRUCTURE (PROOF OF ORGANIZATION LEGAL DESIGNATION)
- COPIES OF **ALL** FORMS LISTED BELOW:
  1. Resident Confidentiality Agreement
  2. Mission and Vision Statement
  3. Recovery Resident Agreement
  4. Enforcement of Policies and Grievance Policies
  5. Statement of Recovery Residence Rights
  6. House Rules
  7. Weekly Schedule
  8. Good Neighbor Policy
  9. Medication Policy
  10. Infectious Disease
  11. House Manager Duties and Guidelines (one per house)
- DRIVE-BY INSPECTION FOR NEW HOMES COMPLETED: \_\_\_\_\_ Date
- CREDIT CARD AUTHORIZATION FOR CREDIT CARD, OR USE CHECK, ZELLE, VENMO, PAYPAL FOR SOARR ANNUAL DUES (PAID: \_\_\_\_\_ Date
- RENEWAL PACKAGE COMPLETE AND ACCEPTED:

BY: \_\_\_\_\_

SOARR Reviewer Signature

Date



Legal Status: \_\_\_ Non-Profit Corporation \_\_\_ Proprietary Corporation \_\_\_ Partnership  
 \_\_\_ Sole Owner \_\_\_ LLC

**Annual SOARR Membership Fees:**

*(Subject to Change w/o Notice)*

One Residence	\$575
Two Residences	\$775
Three Residences	\$975
Four Residences	\$1175
Five Residences	\$1,375
Six Residences	\$1,575**

*Fee includes Home Inspections, Operator Training by CCAPP and additional trainings and meetings by SOARR.*

\*\*Includes Full Voting Membership in CCAPP, Each additional Residence + \$100

## Applicant's Statement

As an applicant or authorized representatives of the applicant organization, I/we understand that we are applying for Membership in the Society of Addiction Recovery Residences (SOARR), and for inclusion in the Registry maintained by California Consortium of Addiction Programs and Professionals (CCAPP). Recovery Residences included in the Membership and included in the Registry must meet all requirements of the standard for Sober Living Environments as promulgated by SOARR, CCAPP, and the National Alliance for Recovery Residences (NAAR). Applicants agree to always maintain these minimum standards in their registered program and agree to notify SOARR if the standards are not maintained.

The individual(s) authorized to represent the organization:

\_\_\_\_\_  
 Printed Name Title

\_\_\_\_\_  
 Printed Name Title

Authorizing Signature(s)

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Signature Date

## Recovery Residence Application for SOARR Membership with CCAPP Registry

Name of Program or SLE	
Billing Address	Phone
City	Zip Code
Administrator or Contact Name	Email
SLE Address (if different from billing address)	Fax
City	Zip Code
Manager, Administrator, or Contact name (if different from above)	Phone
Website Address: www.	
<b>Please attach a copy of your Liability Insurance WITH THIS APPLICATION.</b>	
Description: (Briefly describe your program, i.e., type of organization, purpose, and years in business)	
Capacity	Persons Served



## Society of Addiction Recovery Residences (SOARR)

### CODE OF ETHICS

Operators and staff of residences certified as meeting **NARR**, **CCAPP** and **SOARR** standards shall value and respect each resident and put each individual's recovery strengths and needs at the forefront of all decision making.

To meet this obligation, we adhere to the following principles:

1. Assess each potential resident's strengths and needs and determine whether the level of support available within the residence is appropriate. Provide assistance to the residents with appropriate referrals.
2. Value diversity and non-discrimination.
3. Provide a safe, homelike environment that meets NARR, CCAPP and SOARR Standards.
4. Maintain an alcohol and illicit-drug-free environment.
5. Honor individuals' rights to choose their recovery paths within the parameters defined by the residence organization.
6. Protect the privacy, confidentiality, and personal rights of each resident.
7. Provide consistent and uniformly applied rules.
8. Provide for the health, safety, and welfare of each resident.
9. Address each resident fairly in all situations.
10. Encourage residents to sustain relationships with professionals, recovery support service providers, and allies.
11. Take appropriate action to stop intimidation, bullying, sexual harassment and/or otherwise threatening behavior of residents, staff, and visitors within the residence.
12. Take appropriate action to stop retribution, intimidation, or any negative consequences that could occur as the result of a grievance or complaint.
13. Provide consistent, fair practices for drug testing that promote the residents' recovery and the health and safety of the recovery environment.
14. Provide an environment in which each resident's recovery needs are the primary factors in all decision making.
15. Promote the residence with marketing or advertising that is supported by accurate, open, and honest claims.
16. Decline taking a primary role in the recovery plans of relatives, close friends, and/or business acquaintances.
17. Sustain transparency in operational and financial decisions
18. Maintain clear personal and professional boundaries.

- 19. Operate within the residence's scope of service and within professional training and credentials.
- 20. Maintain an environment that promotes the peace and safety of the surrounding neighborhood and the community at large.

This Code of Ethics must be read and signed by all those associated with the operation of the recovery residence: recovery residence owners, operators, staff, and volunteers.

Individuals subject to this code are obligated to report unethical practices according to the reporting rules set forth by the affiliate.

By signing below, I affirm that I have read, understand, and agree to abide by this Code of Ethics.

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Recovery Residence: \_\_\_\_\_

***NARR Affiliate: CCAPP***

***CCAPP Affiliate: SOARR***

**SOARR Website Fields - RENEWALS: CHANGES ONLY**

Questions: [info@soarr.org](mailto:info@soarr.org)

Field	Response	Notes
Name		
Street		
City		
Zip Code		
Phone Number		
Contact Email		
Website		Must provide URLs to relevant profile
Twitter		Must provide URLs to relevant profile
Facebook		Must provide URLs to relevant profile
Instagram		Must provide URLs to relevant profile
Is this the location of SLH		Yes or No Only
Live in-House Manager		Yes or No Only
Contact Person		Name, Title
Location in County		Pick: Central, East County, North County, North County Coastal, South Bay South County
Gender		Male, Women, Women with Children, Both
# Of Beds		Must be a number
Home Size (sq feet)		Must be a number
Cost Per Bed		Must be one number
Private Rooms		Yes or No Only
Group Activities		Yes or No Only
Max number per room		Must be a number
Smoking Area		Yes or No Only
Parking		Yes or No Only
Payment Assistance		Yes or No Only
Minimum Stay (days)		A number
Security Dep or Admin Fee		Yes or No Only
Food Provided		Yes or No Only (should be No unless separate pay)
Services Provided		Example: Laundry, Wi-Fi, On Site Recovery Meetings, etc.