

**Dear SOARR Applicant,**

Thank you for your interest in membership with Society of Addiction Recovery Residences (SOARR). We remain committed to the concept of sober living and the establishment of Recovery Residences.

* SOARR Member is an online directory
* Our website is well optimized and gets internet traffic daily
* We provide a standard of safe supportive housing
* Trainings on zoom
* Low affordable pricing

**New Membership Structure**

Starting October 1, 2025, SOARR membership will follow the new structure outlined below:

* **New members not with Soarr now is $350**: Covers initial inspection and upload to website.
* **Annual Membership Fee**: $250 per organization
* **Per extra-Home Fee**: $75 for each home under your organization

**Standards and Oversight**

All member homes will still be required to adhere to **NARR standards**, (National Association for Recovery Residences) as outlined in the (California Consortium of Addiction programs and professionals) **CCAPP templates** (rules and guidelines). Found on our membership page 7-20 or [Templates | CCAPP Recovery Residences](https://ccapprecoveryresidences.org/templates/) directly on their website free of charge. They are templates and can be changed and used as your own.

These templates provide a consistent framework to ensure high-quality and ethical recovery residence practices.

SOARR will continue to conduct **inspections of all homes** to ensure compliance with these standards. If your organization chooses to pursue **CCAPP certification**, you may do so independently. Once certification is confirmed, SOARR will proudly reflect that status on our website, further promoting your commitment to excellence.

We will continue to do some zoom trainings when requested and support owner/operators.



SOARR MEMBERSHIP PACKAGE CHECKLIST:

SEND ALL DOCUMENTS TO [EllieHolisticHealth@gmail.com](mailto:EllieHolisticHealth@gmail.com) or call 760-415-3560

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

Contact Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Applicant Statement
* Recovery Resident Application
* Code of Ethics
* Website Database fields
* Insurance ($500,000 liability coverage)
* Payment $200 first home $50 for every additional home

Date of inspection\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_By whom,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Applicant’s Statement**

**As an applicant or authorized representatives of the applicant organization, I understand that we are applying for Membership in the Society of Addiction Recovery Residences (SOARR). All members must meet all standards set by the National Alliance for Recovery Residences (NAAR). Including the paperwork set forth by CCAPP. We do not do any treatment at our homes, included medication management or counseling. Our rules and guidelines are supportive not in anyway treatment. We are sober homes with accountability and community only. We also abide by Federal and State landlord/tenant law. It is your responsibility to learn how that may apply to you and your home.**

**The 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 the Code of Ethics and understand what this Applicant Statement outlines that we are supportive housing and not treatment.**

**Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CODE OF ETHICS**

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 CCAPP 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. By signing below, I affirm that I have read, understand and agree.

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

SOARR Website Fields -

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 ,Mana er |  | 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. |

SOARR 09/2022

Recovery Residence Application for SOARR Membership

|  |  |
| --- | --- |
| 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. | |
| Please attach a copy of your Liability Insurance WITH THIS APPLICATION. | |
| Description: (Briefly describe your program, i.e., type of organization, purpose, and years in business) | |
|  | |
|  | |
|  | |
| Capacity | Persons Served |

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