



Additional Information needed for each location:

- 1. Do the residents have to go to an IOP/PHP to live in your sober living? Yes / No
 - a. If so, do they attend an IOP/PHP required by your organization or does the resident select the IOP/PHP?

- 2. How are the Sober Living Fees paid? Check all that apply.

<input type="checkbox"/>	Insurance is billed
<input type="checkbox"/>	Self-Pay
<input type="checkbox"/>	Family or Friends Pay
<input type="checkbox"/>	Another Agency Pays: Name _____
<input type="checkbox"/>	Government Contract Pays: Name _____
<input type="checkbox"/>	Grant covers payment: Grant Name _____

- 3. Are Hardships/Scholarships offered? Yes / No
 - a. If so, what percentage of beds are reserved for Hardship/Scholarship? _____%
 - b. How long is the Hardship/Scholarship? 1 week, 2 weeks? _____

- 4. Is a promise to pay offered?
 - a. If so, how many promise to pay beds are available per home? _____
 - b. How long does a resident have to get current with their fees utilizing a promise to pay? _____

- 5. How do residents know their balance due at any time in the program? Please describe:

- 6. Is the sober living home owned by the same entity as a treatment centers? Yes / No
 - a. If so, who?

- 7. How is your program involved in the Alcohol and Addiction Recovery Community?

- 8. What meetings in your area do your residents attend? _____

Print Name: _____ Date: _____

Signature: _____ Program Name: _____

Program Address: _____