Orange County
Adult Alcohol and Drug Sober Living Facilities Certification
Facility Application

Date Submitted: _____

Facility Name: _____

Facility Address: _____

City Where Facility Located: _____

Facility Phone Number: _____

Executive Director's / Owner's Name: _____

Executive Director's / Owner's Address and Telephone Number(s):

_____

_____

_____

House Manager's Name and Phone Number(s):

_____

Gender of Facility: Men Only Women Only Co-ed Women & Children

Maximum Number of Residents Allowed at Facility: _____

Type of Facility (i.e.: single family home, apartment building, condo, duplex, etc):

_____