



P.O. Box 5071 | Gardena, CA 90249  
Phone: 800-670-9049

## **1010 Family Membership Agreement**

Please read each listed item and initial, then sign and date the form.

\_\_\_\_\_ I understand that this is a shared sober-living family membership house.

\_\_\_\_\_ I understand I cannot have liquor or mood altering drugs or smoke inside of the residence.

\_\_\_\_\_ I understand that I cannot physically harm any visitor or residence in this residence while living here or have a weapon on my person or in the residence.

\_\_\_\_\_ I understand that stealing and entering other family member's rooms without them being in their room is immediate grounds for dismissal at the 1010 family house.

\_\_\_\_\_ I understand that my room will be entered for housing inspections, repairs and emergencies.

\_\_\_\_\_ I understand that I will have a family member as a roommate.

\_\_\_\_\_ I understand that when I play music or my TV, the volume must be heard in my room only.

As a family member, I will participate in the Green Energy program in the house that conserves water and energy.

\_\_\_\_\_ I understand that I will not take shower longer than 5 minutes and turn off light and electrical devices when I leave my room.

\_\_\_\_\_ I understand that I am responsible my personal belongings and for locking my room when I leave.

\_\_\_\_\_ I understand that I need to remove trash from my room daily to resolve the challenge of pest living in my room and the house.

\_\_\_\_\_ I understand that I need to clean the Kitchen, bath and common areas when I use them.

\_\_\_\_\_ I understand that each family member of the house will participate in daily and weekly household chores.

\_\_\_\_\_ I understand that as a family member I am participating in a family Life Transition Program.

\_\_\_\_\_ I understands that I am responsible for purchasing my own food and preparing my own meals.

\_\_\_\_\_ I understand that I will need to participate in a weekly family meeting, and three or more of the members Life Transition programs.

\_\_\_\_\_ I understand that I will need to attend an educational program and/or work 20 hours per week.

\_\_\_\_\_ I understand that the Los Angeles Sheriffs can search the property, or my belongings with a witness.

\_\_\_\_\_ I understand that I need to provide contact information for your Social Worker, Parole or Probation officer, and two emergency contact numbers

\_\_\_\_\_ I understand that a criminal background check will be ran for the health and safety of the family members and community.

\_\_\_\_\_ I understand any violation of the previously mentioned action are reasons for me to be ask to move immediately from the 1010 Family Home with a prorated monthly membership fee to be calculated.

Family Member:

\_\_\_\_\_ Dated: \_\_\_\_\_

ACCC Family Members Representative:

\_\_\_\_\_ Dated: \_\_\_\_\_