



# Request for Action

TO: Community Development Director  
FROM: Matt Jenkins, Senior Planner  
DATE: December 1, 2025  
SUBJECT: Sober Living Home - Special Use Permit No. 25-06  
16945 Helena Cir

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Location: 16945 Helena Cir  
Fountain Valley, CA

Zoning: R-1, Single-Family

Applicant / Operator: Excel Recovery  
16945 Helena Cir  
Fountain Valley, CA 92708

Property Owner: Kent Homes LLC  
Lawrence Ha  
16598 Silktree St  
Fountain Valley, CA 92708

Proposal:

Excel Recovery has submitted a request to operate a sober living home (SLH) located at 16945 Helena Cir (Attachment 1).

Discussion:

Pursuant to Fountain Valley Municipal Code (FVMC) Section §21.29.030, SLHs with six (6) or fewer residents in the R1 zones are required to obtain a Special Use Permit (SUP).

Prior to the issuance of a SUP, the Community Development Director shall hold a public hearing to receive information regarding compliance with F.V.M.C. 21.29.030, subdvs. (a) and (b)(1)-(14). The SUP shall be issued by the Community Development Director as a ministerial matter if the applicant is in compliance or has agreed to comply with the permit. Decisions regarding SUPs may be appealed to the Planning Commission.

Proximity to another Sober Living Home - Compliance:

Pursuant to FVMC 21.29.030(a)(14)(i), a SLH cannot be located within 650 feet of another SLH or state licensed alcoholism or drug abuse recovery or treatment facility. The location at 16945 Helena Cir is **NOT** located within 650 feet of another approved sober living home or a state license rehabilitation facility, therefore meeting the separation requirement (Attachment 2).

Rules and Regulations Required by FVMC for Sober Living Homes:

In addition to the separation requirements above, SLHs must operate in compliance with FVMC 21.29.030, subdvs. (b)(14)(ii.) – (vii.) The applicant shall be confirmed in compliance, or otherwise agree to comply with the operating standards, rules, and regulations for SLHs as required by these sections.

The SUP shall be issued by the Community Development Director if the applicant is in compliance with or has agreed to comply with FVMC §21.29.030 subsections (a)(1) through (a)(14) below.

<u>Complied or agreed</u>	Section	Requirement
Complied	(a)(1)	Application Complete (Name, address, phone and DL # of owner/operator
Agreed	(2)	SLH has six (6) or fewer occupants, not counting house manager, but in no event shall have more than seven (7) occupants.
Complied	(3)	The SLH shall not be located in an ADU unless the primary dwelling is used for the same purpose.
Agreed	(4)	The SLH has a house manager who resides at the home or any multiple of persons acting as a house manager who are present at the group home on a twenty-four hour basis and who are responsible for the day-to-day operation of the SLH.
Agreed	(5)	All garage and driveway spaces associated with the dwelling unit shall, at all times, be available for the parking of vehicles. Residents and the house manager may each only store or park a single vehicle at the dwelling unit or on any street within five hundred feet of the dwelling unit. The vehicle must be operable and currently used as a primary form of transportation for a resident of the SLH.
Agreed	(6)	Occupants must not require, and operators must not provide, "care and supervision".
Agreed	(7)	Integral group home facilities are not permitted.
Complied	(8)	Written approval from the property owner to operate a SLH at the property.
Agreed	(9)	The property must be in full compliance with all building codes, municipal codes, and zoning.
Agreed	(10)	At least forty-eight hours prior to an occupant's eviction from or involuntary termination of residency in a SLH, the operator thereof shall: provide Notice and comply w/ Eviction requirements] FVMC 21.29.030.(a)(10)(i-v).
Agreed	(11)	Provide transportation to occupants permanent address on record or other SLH upon eviction or involuntary termination.
Requirement	(12)	The SLH home operator shall maintain records for a period of one year following eviction from, or involuntary termination of, residency of occupants.
Agreed	(13)	All shuttle drivers shall comply with provisions of FVMC and the CA Vehicle Code, including, but not limited to, those provisions regulating licensure and parking, standing, and stopping.
Complied	(14)(i)	The <b>sober living home is not</b> located within <u>650 feet</u> of another sober living home or a state licensed alcoholism or drug abuse recovery or treatment facility.

Agreed	(14)(ii.) )-(vii.)	Rules and Regulations for SLH
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The issuance of the SUP shall be denied upon a determination, and if already issued shall be denied or revoked upon a hearing, if any of the following circumstances exist:

FVMC 21.29.030(b)(1-7)

(1) Any owner/operator or staff person has provided materially false or misleading information on the application or omitted any pertinent information;

(2) Any owner/operator or staff person has an employment history in which he or she was terminated during the past two (2) years because of physical assault, sexual harassment, embezzlement or theft; failing a drug test; falsifying a drug test; and selling or furnishing illegal drugs or alcohol.

(3) Any owner/operator or staff person has been convicted of or pleaded nolo contendere, within the last seven (7) to ten (10) years, to any of the following offenses:

- i. Any sex offense for which the person is required to register as a sex offender under California Penal Code section 290 (last ten (10) years);
- ii. Arson offenses—Violations of Penal Code Sections 451—455 (last seven (7) years);  
or
- iii. Violent felonies, as defined in Penal Code section 667.5, which involve doing bodily harm to another person (last ten (10) years).
- iv. The unlawful sale or furnishing of any controlled substances (last seven (7) years).

(4) Any owner/operator or staff person is on parole or formal probation supervision on the date of the submittal of the application or at any time thereafter.

(5) The owner/operator accepts residents, other than a house manager, who are not disabled as defined by the FHAA and FEHA.

(6) A special use permit for a sober living home shall also be denied upon a determination, and if already issued, shall be revoked, and any transfer shall be denied or revoked, upon a hearing by the Community Development Director, or his or her designee, that any of the following circumstances exist:

- i. Any owner/operator or staff person of a sober living home is a recovering drug or alcohol abuser and upon the date of application or employment has had less than one full year of sobriety.
- ii. The owner/operator of a sober living home fails to immediately take measures to remove any resident who uses alcohol or illegally uses prescription or non-prescription drugs, or who is not actively participating in a legitimate recovery program from contact with all other sober residents.
- iii. The sober living home, as measured by the closest property lines, is located within six hundred fifty feet of any other sober living home or state licensed alcoholism or drug abuse recovery or treatment facility. If a state-licensed alcoholism or drug abuse recovery or treatment facility moves within six hundred fifty feet of an existing sober

*living home this shall not cause the revocation of the sober living home's permit or be grounds for denying a transfer of such permit.*

*(7) For any other significant and/or repeated violations of this section and/or any other applicable laws and/or regulations, including, but not limited to, failure to comply with the provisions of subsections (a)(10) through (13).*

Calls for Service:

The Fountain Valley Police Department has received 15 Calls for Service for the subject property at 16945 Helena Cir since 2017 (Attachment 3).

Public Notice:

Public hearing notices were mailed out mailed to the owner of record and occupants of all properties within one-thousand feet (1,000) of the location of the SLH, ten (10) days prior to the public hearing before the Community Development Director. Prior to issuance of the SUP, the Community Development Director shall hold a public hearing for the purpose of receiving information regarding compliance with the applicable provisions of subsections (a) and (b) of FVMC Section 21.29.030.(Attachment 4).

Alternatives:

1. Determine that the owner/operator is in compliance or has agreed to comply with the provisions of FVMC 21.29.030 and approve the SUP for a SLH located at 16945 Helena Cir.
2. Determine that the owner/operator is not in compliance with or has not agreed to comply with the provisions of FVMC 21.29.030 and deny the request for a SLH located at 16945 Helena Cir.
3. Continue the request and direct staff for more information.

Prepared By: Matt Jenkins, Senior Planner

Reviewed By: Steven Ayers, Principal Planner

Attachments: 1. Application  
2. 650-ft radius map  
3. Calls for service  
4. Public Notification



## SPECIAL USE PERMIT APPLICATION

### For a Group Home or Sober Living Home

For a Group Home or Sober Living Home Facility Serving 6 or Fewer

Location Fountain Valley

Property Address 16945 Helena Circle

Type of Facility

**Sober Living Home:** A group home for persons who are recovering from a drug and/or alcohol addiction and who are considered disabled under state or federal law.

Sober living homes shall not include the following: (1) residential care facilities; (2) any sober living home that operates as a single housekeeping unit.



**Group Home:** A Facility that is being used as a supportive living environment for persons who are considered disabled under state or federal law. A group home operated by a single operator or service provider (whether licensed or unlicensed) constitutes a single facility, whether the facility occupies one (1) or more dwelling units.

Group homes shall not include the following: (1) residential care facilities; (2) any group home that operates as a single housekeeping unit.



Describe a full description of the proposed facility and attach additional pages as necessary.

At minimum, the description should include the facility's target population, number of rooms, and number of beds, bed per room, bathroom, outdoor amenities, etc.

Proposed house features 4 bedrooms, 2 living rooms, 1 dining room and 1 kitchen. Room #1 houses 1 resident, Room #2 houses 3 residents, Room #3 houses 2 residents, and room #4 (HM Room) houses 1 live-in house manager to oversee the house. For a total of 6 clients and 1 live-in house manager. House features 2 full bathrooms and a half bathroom. House has large 3 car garage and large 3 car driveway. Includes patio and backyard with patio furniture for lounging.

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**AUG 27 2025**

**PLANNING**

REQUIRED DOCUMENTS FOR SPECIAL USE PERMIT (SUP) APPLICATIONS Please note that each applicant for a Special Use Permit must complete an on-site Code Enforcement inspection prior to action by the Director of Community Development. Your project planner will coordinate this requirement with you

Initial the first column below acknowledging submittal of each item.

JL	1. Current copy of the Group Home Rules and Regulations
JL	2. Current copy of the Written Intake Procedures
JL	3. Copy of the Relapse Policy
JL	4. Blank forms that all residents and potential residents are required to complete
JL	5. Application Fee
JL	6. Floor plan detailing all rooms, identify beds and location of house manager quarters
JL	7. Live scan of house manager or operator required in R2, GH, R3 & R4 zones

**AFFIRMATION**

Please read carefully:

I understand that as defined by Section of the Fountain Valley Municipal Code Ordinance (FVMC), I am deemed the responsible party for any violation(s) of the Fountain Valley Municipal Code that may arise at the proposed facility location.

I also affirm that only residents (other than the house manager) who are disabled as defined by state and federal law shall reside at the group home.

I also understand that the operation of the Group Home or Sober Living Home facility will adhere, unless exempt through a reasonable accommodation approval, to all the requirements listed under Section Fountain Valley Municipal Code Ordinance (FVMC).

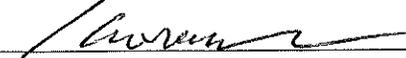
I certify that this Group Home and Sober Living Home facility is not, and will not be, operated as an "integral facility" or an "integral use" as defined in FVMC Section .

I declare under PENALTY OF PERJURY under the laws of the State of California that the foregoing statements are true and correct and that any permit issued based on false or misleading statements will be deemed invalid. Signatures – Property Owner and Facility Owner/Operator must both sign this application form.

Signatures – Property Owner and Facility Owner/Operator must both sign this application form.

PROPERTY OWNER

Print Name: LAWRENCE HA

Signature: 

Date: 8/25/25

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(See Next Page)

FACILITY OWNER/OPERATOR INFORMATION\*

\*If the operator is a partnership, corporation, firm, or association, then the applicant/operator shall provide the additional names and addresses required pursuant to Section.. See Page 4. Attach additional pages as necessary for complete information.

Name of Facility Owner/Operator (Individual or corporation): *Previously submitted remains unchanged*

Check if supplemental Facility Owner/Operator Information is Attached

Mailing Address:

Phone Number:

Email Address:

Driver License Number:

DL Type:

State Exp.:

Exp. Date:

PROPERTY OWNER INFORMATION \*\*

\*\* If the group home operator is not the property owner, written approval from the property owner to operate a group home at the property

Owner Name(s):

Check if Property Owner approval is Attached

Mailing Address:

Phone Number:

Email Address:

HOUSE MANAGER INFORMATION

Provide a complete list of all House Manager who will be responsible for the facility 24 hours/day 7 days/week. Attach additional pages as necessary for complete information.

Name of live-in House Manager: *Attached*

Check if supplemental Facility Owner/Operator Information is Attached

Mailing Address:

Phone Number:

Email Address:

FACILITY OWNER/OPERATOR (If same as Property Owner, write "Same" below)

Print Name: Jacob Cameron

Signature: *Jacob Cameron*

Date: 8-24-25

If the applicant is a partnership, corporation, firm, or association, such persons shall also sign the application. If necessary, copy this affirmation page:

- a. Every general partner of the partnership;
- b. Every owner with a controlling interest in the corporation;
- c. The person designated by the officers of a corporation as set forth in a resolution of the corporation that is to be designated as the permit holder.

**END OF APPLICATION**

**For office use only**

Date Application Deemed Complete: \_\_\_\_\_

Time: \_\_\_\_\_

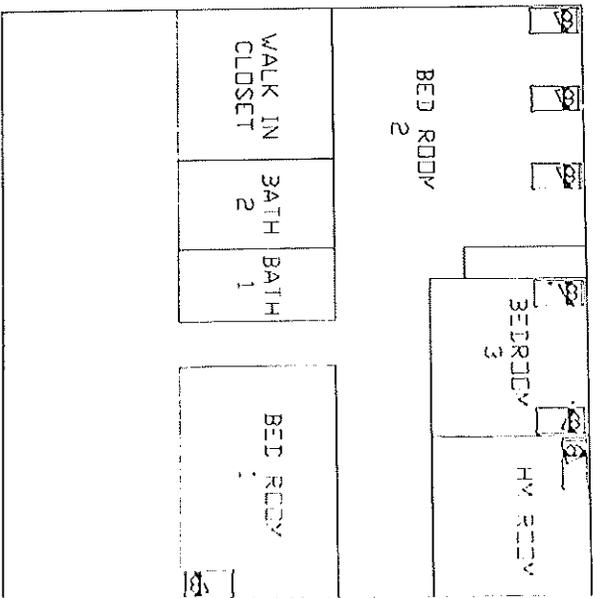
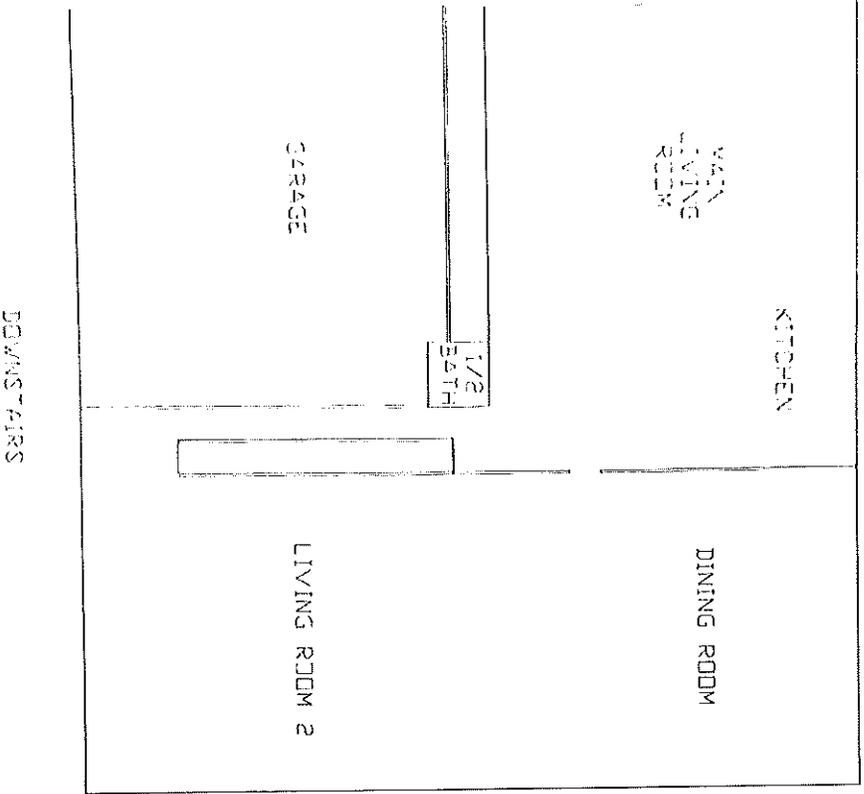
Approved By: \_\_\_\_\_

Date \_\_\_\_\_

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DATE: _____	
DRAWN BY: _____	
CHECKED BY: _____	
SCALE: _____	
SHEET NO. _____	
PROJECT NO. _____	
OWNER: _____	
ARCHITECT: _____	
DATE: _____	

**Dear Mr. Jenkins,**

Please find attached the amended application packet for SUP 25-06 at 16945 Helena Circle. This submission addresses the deficiencies noted in your August 14, 2025 letter.

Included are:

1. Corrected SUP application form (reflecting max of 7 total occupants) and updated floor plan/blueprint showing 6 clients and 1 house manager.
2. Signed affirmation of compliance with Fountain Valley Municipal Code.
3. License/permit history for Excel Recovery LLC, Jacob Cameron, and Ross Dupriest.
4. Updated House Manager Identification Sheet (note: the house manager has changed since the original submission).
5. Property Owner Authorization Form signed by Lawrence Ha, confirming owner consent for the facility's operation.

The facility owners/operators remains unchanged, and all previously submitted materials — including rules, procedures, relapse policies, and client packets previously submitted remain the same.

Please let us know if the City requires any additional documentation. We are willing to fully comply with all requirements to ensure our application remains in good standing.

Thank you for your assistance.

*Jacob Cameron/Ross Dupriest*

Excel Recovery

CEO/CFO

Ross D. 504-508-6572  
Jacob C. 405-625-3848

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**Excel Recovery  
16945 Helena Cir.  
Fountain Valley, CA 92708**

Re: Amended Special Use Permit Occupancy Statement

In compliance with Fountain Valley Municipal Code § 21.29.030(b)(2), Excel Recovery affirms that the facility located at 16945 Helena Circle will house no more than seven (7) occupants at any time. This includes a maximum of six (6) residents in recovery and one (1) live-in house manager.

We affirm under penalty of perjury that the facility will comply with all requirements under the Fountain Valley Municipal Code.

Name: Ross Dupriest

Title: Owner/Operator

Date: 8-24-2025

Signed: *Ross Dupriest*

Name: Jacob Cameron

Title: Owner/Operator

Date: 8-24-25

Signed: *Jacob Cameron*

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**Property Owner Authorization**  
(SUP Application 25-06)

I, Lawrence Ha, as the registered member/manager of Kent Homes, LLC, the property owner of 16945 Helena Circle, Fountain Valley, CA 92708, hereby authorize Excel Recovery to operate a sober living facility at this address and to submit the Special Use Permit application.

Mailing Address: 16945 Helena Cir. Fountain Valley, CA,  
92708  
Phone Number: (714) 858-7029  
Email Address: thuyetdiep@gmail.com

Signed: 

Name: Lawrence Ha

Title: Member/Manager, Kent Homes, LLC

Date: 8/25/25

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**House Manager Identification Sheet**  
(SUP Application 25-06)

Facility Address: **16945 Helena Cir.**

**House Manager**

**Full Legal Name:** Benjamin Quinn Rodgers

**DOB:** 01-06-1995

**Driver's License Number:** F7196839

**Mailing Address:** 16945 Helena Cir

Fountain Valley, CA 92708

United States

**Email Address:** quinnrogers1995@gmail.com

Affirmation:

I affirm that the above information is accurate to the best of my knowledge.

Operator Name: Jacob Cameron

Signed: 

Date: 8-24-25

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# Excel Recovery

**License and Permit History Disclosure**  
(SUP Application 25-06)

**Facility Name:** Excel Recovery

**Facility Address:** 16945 Helena Cir., Fountain Valley, CA 92708

**Applicants:** Excel Recovery | Ross Dupriest | Jacob Cameron

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## 1. Corporate Entity – Excel Recovery LLC

- **Business License History:** None
- **State / City Permits Held:** None
- **Any revocations/suspensions?**  No

## 2. Owners / Operators

**Name:** Ross Dupriest

- **Past/Current Facilities Operated:** None requiring permits/licenses
- **License/Permit Numbers:** None
- **Revoked/Suspended?**  No

**Name:** Jacob Cameron

- **Past/Current Facilities Operated:** None requiring permits/licenses
- **License/Permit Numbers:** None
- **Revoked/Suspended?**  No

**Applicant / Operator**

Signed: Ross Dupriest

Name: Ross Dupriest

Date: 8-24-2025

**Applicant / Operator**

Signed: Jacob Cameron

Name: Jacob Cameron

Date: 8-24-25

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**AUG 27 2025**

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# Excel Recovery Intake Requirements

## Eligibility Requirements

All incoming residents must have completed a minimum of 30 days in a detox program, residential treatment, or have at least 30 days of sobriety before moving in. They must be willing to commit to a structured recovery program, which includes attending meetings, following house rules, and actively participating in their sobriety.

Any history of violent behavior, sex offenses, or recent legal issues may result in ineligibility for residency. Background checks may be conducted at the discretion of house management. Residents must be mentally and physically stable enough to participate in a sober living environment. Any severe mental health issues requiring intensive treatment must be addressed before entry. Additionally, residents must not have any outstanding warrants that could interfere with their ability to maintain residency.

## Pre-Admission Screening

All prospective residents must complete an initial screening interview with house management. This interview will assess the applicant's history of substance use and recovery efforts, current mental and physical health conditions, any medications the applicant is prescribed, and the applicant's commitment to sobriety and willingness to follow house rules.

During the interview, applicants will receive a thorough review of house policies, expectations, and financial obligations. Before moving in, they must also provide emergency contact information and any required documentation.

## Admission and Testing Requirements

Upon arrival, all new residents must undergo testing to confirm sobriety. This includes a breath analysis (BA) test to ensure they are alcohol-free and a urinalysis (UA) drug screening for all mind-altering substances. Any refusal to submit to testing will result in immediate denial of residency. If any substances are detected, the individual will not be permitted to move in.

Residents are required to sign a sobriety contract, agreeing to remain drug- and alcohol-free for the duration of their stay.

## Orientation and Initial Compliance

Once admitted, residents must sign a resident agreement acknowledging all house rules and the consequences of violations. They will be assigned a bed and personal storage space within the home and receive an introduction to house policies, including curfews, chore assignments, meeting requirements, and behavioral expectations. They must attend the next scheduled

house meeting to integrate into the community and meet other residents. If available, they will be assigned a house mentor to help ease their transition into the sober living environment.

## **Program Participation Expectations**

New residents must begin attending a minimum of three recovery meetings per week immediately upon admission. They are expected to actively work a 12-step program, which includes obtaining and working with a sponsor.

If unemployed, residents must begin actively searching for employment from 9 AM to 3 PM daily and provide proof of job applications or interviews. They must also develop and follow a weekly schedule that includes meetings, work, house chores, and personal time.

## **Financial Responsibilities**

Residents must pay any required move-in fees and weekly or monthly rent as agreed upon during the intake process. Failure to make timely payments may result in eviction unless prior arrangements are made with house management. Additionally, residents must provide their own food, toiletries, and personal hygiene items unless otherwise specified by the house.

## **Dismissal Policy**

Residents who relapse or fail a drug or alcohol test will be dismissed immediately from the sober living home. Any violent, threatening, or illegal behavior will result in immediate removal. Repeated non-compliance with house rules, refusal to attend meetings, or failure to seek employment if unemployed may also lead to dismissal.

This structure ensures that all residents are set up for success in their recovery journey while maintaining a safe and supportive sober living environment.

## **Sober Living House Rules**

Welcome to our sober living home. This is a structured environment designed to support your recovery and provide accountability. By residing here, you agree to abide by the following rules:

### **1. Sobriety & Testing**

- Absolutely no alcohol, drugs, or any mind-altering substances are permitted.
- Residents must submit to a breath analysis (BA) upon returning home each night.
- Random urine analysis (UA) may be required at any time for any reason. Failure or refusal to comply will result in immediate dismissal.

### **2. Curfew & Attendance**

- All residents must return home by **10:00 PM** daily.
- Any requests for an extended curfew must be approved in advance by house management.

### **3. Meetings & Program Participation**

- Residents must attend a **minimum of three (3) recovery meetings per week** (AA, NA, or other approved meetings).
- Active participation in a **12-step recovery program** is required, including obtaining and working with a sponsor.

### **4. Chores & House Responsibilities**

- All residents must complete their **assigned chore daily** to maintain a clean and orderly home.
- Personal living spaces must be kept clean and organized at all times.
- Dishes must be washed immediately after use.

### **5. Guests & Gathering**

- **No guests are allowed inside the house at any time.**
- **Residents are not permitted to gather outside the sober living home.**

### **6. Conduct & Behavior**

- Violence, threats, intimidation, or harassment will result in immediate eviction.
- No stealing or borrowing without permission.
- No sexual activity between residents.
- No excessive noise or disruptive behavior at any time.
- Gambling of any kind is prohibited.

# **Welcome to excel sober living**

## **New client packet**

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

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

## **Contact information sheet**

Client name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Phone number: \_\_\_\_\_

## **Emergency Contact**

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

Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

Client Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Client  
signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **Release of liability**

1. I hereby assume any and all risks and/or incidents associated with my stay at this property.
2. I forever relinquish any and all claims of any nature whatsoever that might arise out of my stay at this property (excel sober living)
3. I also Acknowledge that I am responsible for any and all medical expenses while I'm a resident at this property.
4. Ross D., Jacob C., along with the owner of the property shall not be held liable for any relapse, overdose, death, or injuries incurred by residents during their stay at Excel Sober Living. Residents acknowledge and accept full responsibility for their actions and any consequences arising therefrom.

Note: Owners and management take all Reasonable precautions to attend to the best interest of all residents. It is a resident responsibility to obey all rules and safety regulations as well as use common sense precautions.

Client Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Client  
signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Personal property disclosure and policy**

If a client is asked to leave or decides to leave any Excel Sober Living property, the client will have three days to collect any and all personal belongings from Excel Sober Living property. This pickup **MUST** be coordinated with the House Manager as per our guest policy.

In the case of a relapse, the client will have 48 hours from the time of leaving Excel Sober Living property to remove any and all belongings. This pickup **MUST** be coordinated with the House Manager as per our guest policy.

If the client exceeds these timelines, the client forfeits the right to gather their belongings, and the items will be donated at the discretion of Excel Sober Living.

Client Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Client  
signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **Consent for urine analysis/breath analysis**

1. I understand that abstinence from alcohol and drugs is a requirement of residency at this property and I agree to submit to all request for urine analysis and breath analysis
2. I understand a positive testing has consequences, including immediate termination from the property
3. I'm aware that urine analysis/Breath analysis is used to ensure compliance and accountability within the community in which I live.
4. Excel Sober Living urine analysis will be at random and must be completed no more than 1 hour after notice. After 1 hour or refusal to submit a sample it will be considered a failed test.
5. I understand that I can be given a urine analysis/Breath analysis at any time for any reason to ensure accountability and safety of the living environment.

I will always be given an explanation of the results of any, and all positive results and consequences will be discussed with me immediately. Failure to comply as requested will result in consequences to be determined by the House Manager and Excel Sober Living management team Up to termination from the property.

I, \_\_\_\_\_, Consent to urine analysis and Breath analysis testing during my residency at this property for the purpose of detecting, any drugs, and or alcohol prohibited by the guidelines of these premises. Failure to comply as requested will result in consequences to be Determined by the House Manager and Excel Sober Living Management team with termination from the property being a possible consequence.

Client Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Client  
signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **Relapse Policy**

**Applies To:** All Clients of Excel Recovery

At Excel Recovery, we are committed to maintaining a safe and supportive environment for all clients in recovery. To uphold this standard, the following policy applies in the event of a client relapse:

**1. Immediate Property Restriction:**

- Any client who has relapsed will not be permitted on the property under any circumstances.
- The client must coordinate with the House Manager to arrange a time to retrieve their personal belongings. Staff will oversee the retrieval process to ensure compliance with facility policies.

**2. Referral to Detox & Re-Entry to Treatment:**

- Clients who relapse will be provided with the option to enter a detoxification program and will receive referrals to appropriate treatment services.
- If the client chooses to attend detox, they may be eligible for re-entry into treatment upon successful completion, subject to facility approval.

**3. Re-Entry Policy:**

- If a client declines detox and does not seek treatment, they will not be permitted to return to the property.
- Re-entry will only be considered upon verified proof of treatment completion from an accredited program.

**4. Final Decision & Compliance:**

- The facility reserves the right to determine a client's eligibility for re-admission based on individual circumstances and compliance with this policy.
- Any attempt to return to the property in violation of this policy may result in further action, including legal enforcement if necessary.

By signing below, I acknowledge that I have read, understand, and agree to comply with the above Relapse Policy.

Client Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Client  
signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **Good neighbor policy**

At Excel Recovery, we believe that being a part of the community is both a privilege and a responsibility. As individuals in recovery, we have the opportunity to break the stigma surrounding addiction by demonstrating respect, integrity, and accountability in our daily actions.

**Our Commitment to the Community:** We are proud of our journey toward sobriety, but we remain humble in how we present ourselves to others. Our goal is to not only overcome personal obstacles but also to integrate seamlessly into the neighborhood as respectful and contributing members of society.

We recognize that, despite growing awareness, the stigma surrounding addiction still exists. While many support recovery, some community members may have concerns about a Sober Living facility in their neighborhood. It is our responsibility to lead by example and show, through our actions, that we are individuals committed to positive change. We are not defined by our past but by our dedication to building a better future.

**Respecting Our Neighbors:** To maintain positive relationships with those around us, we follow these simple but important guidelines:

- **Be Mindful of Group Size:** When walking in the neighborhood, keep groups to no more than 3-4 people to avoid disrupting pedestrian traffic.
- **Respect Shared Spaces:** Be aware of the space you occupy and allow others room to pass on sidewalks, in hallways, and in public areas.
- **Keep Noise Levels Down:** Whether at home, in common areas, or outside, speak at a respectful volume, especially in the deck and smoking areas.
- **Practice Courtesy in Public:** Use "please" and "thank you," hold doors open, and show kindness in everyday interactions—you'd be surprised how much this matters.
- **Engage with Purpose:** Look for opportunities to be helpful, whether at home, in meetings, or in the community. A small act of service can go a long way.
- **Respect Meeting Spaces:** Turn off your phone, listen attentively, and learn from those who have maintained long-term sobriety. Be present, humble, and considerate of others in discussions.

**Leading by Example:** By upholding these standards, we show that people in recovery are responsible, respectful, and deserving of a second chance. Our goal is to contribute positively to the neighborhood and demonstrate that recovery isn't just about personal transformation—it's about being a good neighbor, too.

Together, we are breaking the stigma, rebuilding trust, and proving that change is not only possible—it's happening.

Client Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Client  
signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Renters agreement

I, \_\_\_\_\_, agree to pay \$\_\_\_\_\_ every  
\_\_\_\_\_ as a condition of my residency at Excel Sober Living.

I understand that this payment is due on or before the agreed-upon date and that failure to make timely payments may result in Immediate termination of my residency.

I also agree and understand that my rent is to not be discussed with the other residence.

By signing below, I acknowledge and agree to these terms as a resident of Excel Sober Living.

Client Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Client  
signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Lodger Agreement and Relinquishment of Squatters' Rights

By residing at our sober transitional housing facility, you acknowledge that your status is that of a lodger and not a tenant. As a lodger, you are permitted to stay at the facility based on the terms outlined in this agreement and your ongoing adherence to the rules of the program. You understand and agree that you have no rights to assert claims to the property under any laws governing tenants or squatter rights.

You are not entitled to possess the residence beyond the conditions set forth in this agreement and can be asked to leave by the management at any time, with or without notice, should you fail to follow the rules or meet the expectations outlined for sober living. By accepting residence at our facility, you voluntarily relinquish any rights associated with squatter claims or legal claims that might suggest otherwise.

**Resident Name (Print):** \_\_\_\_\_

**Resident Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# House Rules

This structured environment is designed to support your recovery and provide accountability. By residing here, you agree to abide by the following rules:

## **Sobriety & Testing**

No alcohol, drugs, or mind-altering substances are permitted. Residents must submit to a breath analysis (BA) upon returning home each night. Random urine analysis (UA) may be required at any time. Failure or refusal to comply will result in immediate dismissal.

## **Curfew & Attendance**

Residents must return home by 10:00 PM daily. Any request for an extended curfew must be approved in advance by house management.

## **Meetings & Program Participation**

Residents must attend a minimum of three (3) recovery meetings per week (AA, NA, or other approved meetings). Active participation in a 12-step recovery program is required, including obtaining and working with a sponsor.

## **Chores & House Responsibilities**

All residents must complete their assigned chore daily to maintain a clean home. Personal living spaces must be kept clean and organized. Dishes must be washed immediately after use.

## **Guests & Gathering**

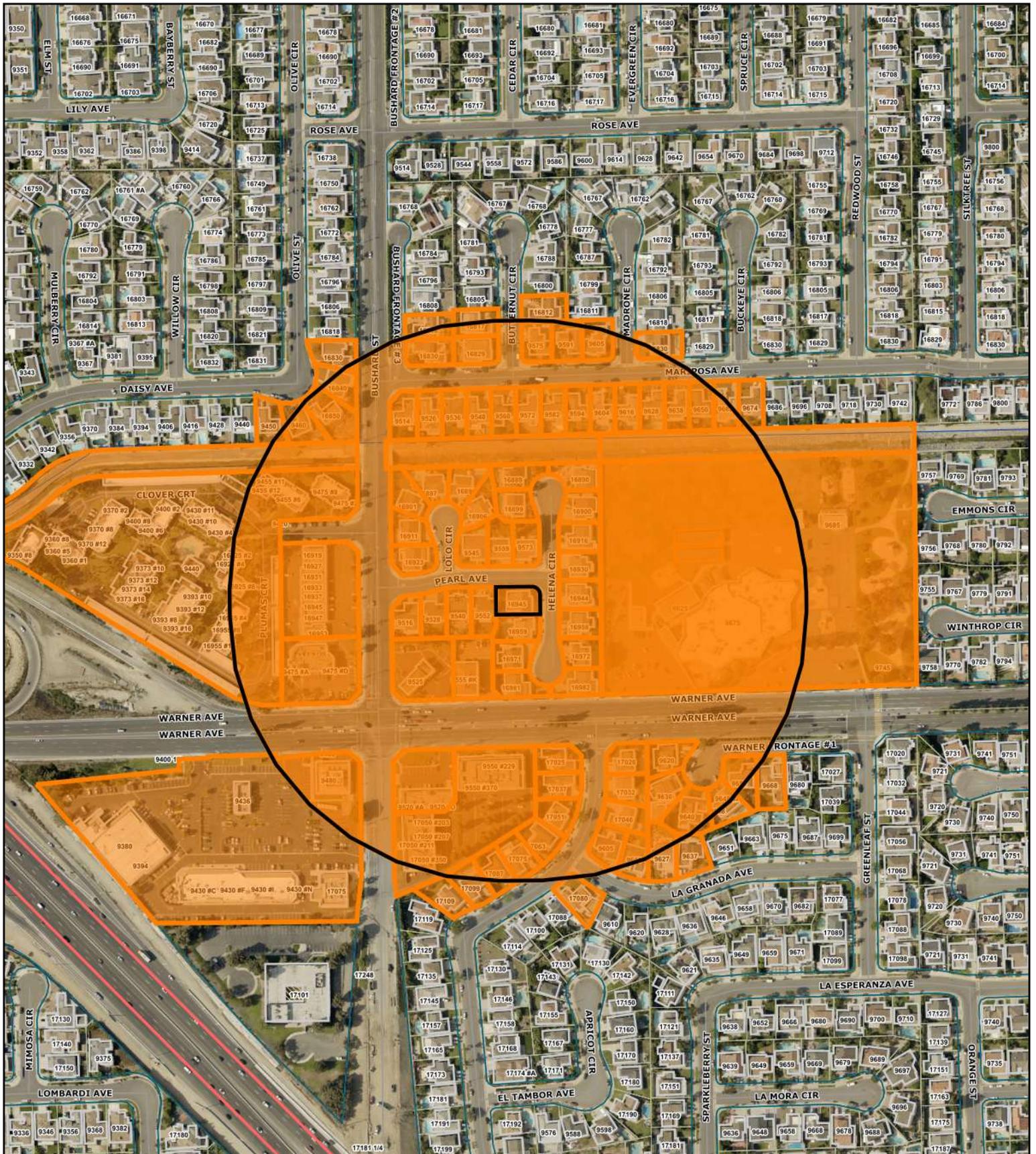
No guests are allowed inside the house at any time. Residents are not permitted to gather outside the sober living home.

## **Conduct & Behavior**

Violence, threats, intimidation, or harassment will result in immediate eviction. No stealing or borrowing without permission. No sexual activity between residents. No excessive noise or disruptive behavior. Gambling of any kind is prohibited.

Client Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Client  
signature: \_\_\_\_\_ Date: \_\_\_\_\_



# 16945 Helena Cir

650-foot radius SUP 25-06



Scale: 1 in = 313 ft

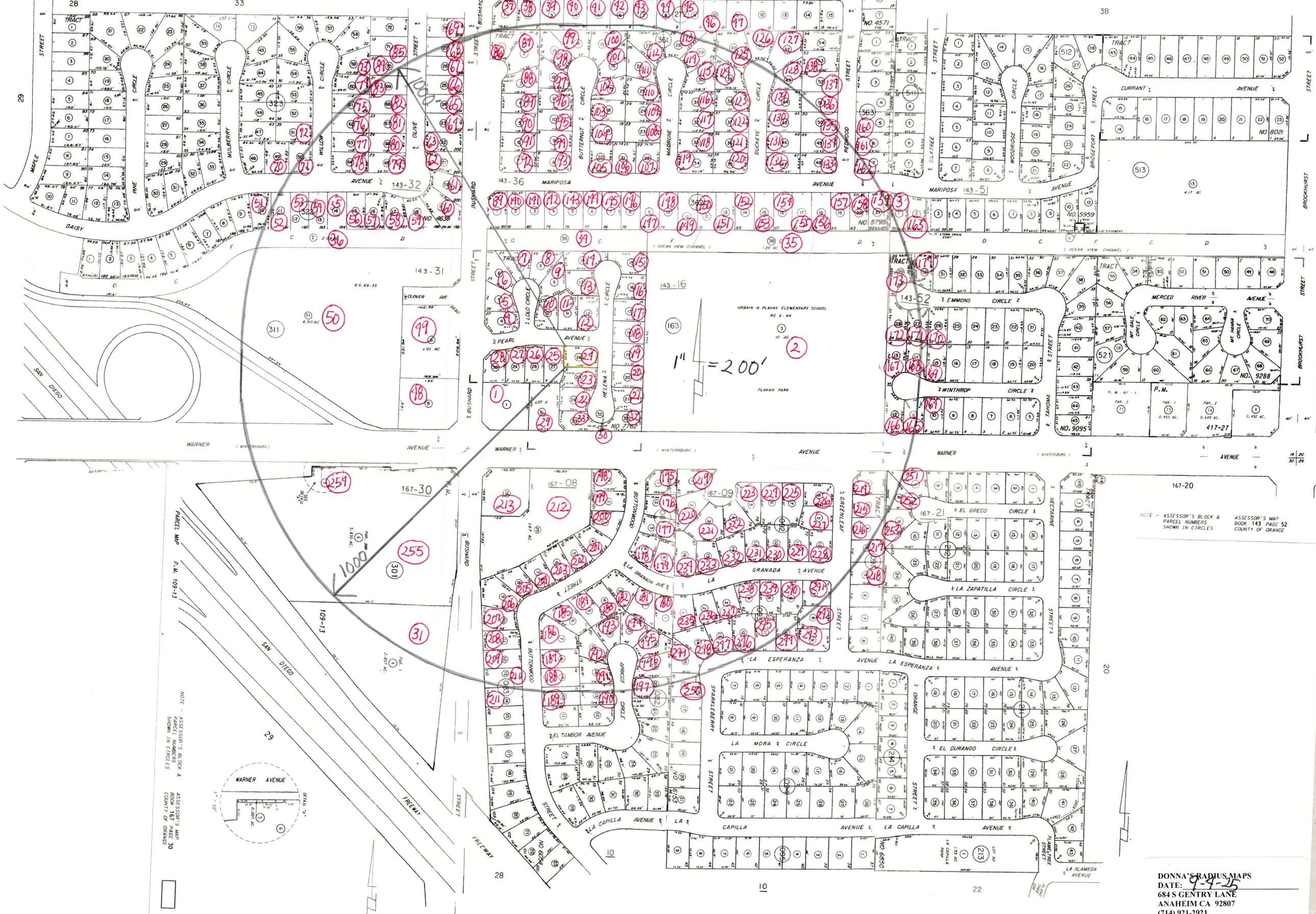
Printed 11/24/2025

## Attachment 3 - Calls for Service

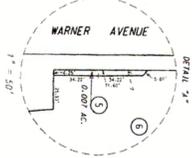
SUP 25-06

<b>Calls for Service:</b>		<b>16945 Helena Cir</b>
<b>Date</b>	<b>Time</b>	<b>Nature</b>
7/24/2025	18:10	911 Transfer
1/28/2025	10:04	Registrant
3/21/2024	22:35	Misdial
2/19/2024	18:18	Follow Up
2/18/2024	19:17	Missing Persons
12/10/2023	23:25	Check Well Being
12/10/2023	23:20	Check Well Being
9/30/2023	13:57	Investigation
2/25/2023	19:34	Domestic Dispute
1/28/2023	13:22	Outside Agency
11/15/2020	6:12	Deliver Message
11/15/2020	2:04	Outside Agency
11/15/2020	1:54	911 Transfer
9/4/2020	21:31	Intox Person
1/1/2017	21:20	Vehicle Alarm

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NOTE - ASSESSOR'S BLOCK & PARCEL NUMBERS SHOWN IN CIRCLES



NOTE - ASSESSOR'S BLOCK & PARCEL NUMBERS SHOWN IN CIRCLES

ASSESSOR'S MAP BOOK 143 PAGE 52 COUNTY OF ORANGE

DONNA'S RADIIUS MAPS  
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