

# The information you provide below will be discussed and taken into consideration with regard to your candidacy for admittance into the A & T Collegiate Recovery Community. The information will only be used for the stated purpose; this information is not part of the University Admissions process nor does it preclude your ability to apply for campus housing if you are not admitted into the Recovery Community.

## Personal Information

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  |  |  |
|  | Last | First | M.I. |

|  |  |  |
| --- | --- | --- |
| Current Mailing Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Permanent Phone: |  | Cell Phone: |  |

|  |  |
| --- | --- |
| Email |  |
| Age: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Birth Date: |  | Sober Date: |  |

**Are you applying to be ally?**

|  |  |  |
| --- | --- | --- |
| **Yes** |  | |
| **No** |  |

## Emergency Contact Information

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  |  |  |
|  | Last | First | M.I. |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Primary Phone: |  | Alternate Phone: |  |
| Relationship: |  | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **How would you describe your present source of support?** Education Information  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Are you currently enrolled in N C A&T State University? Yes No** | | | | | | | | If yes, please indicate: **Full time**  **Part Time** |  | Employee ID: |  |  | Department: |  | | | | | |
| **Major**: |  |  | **Classification**: |  | |

Have you attended A& T State University before? □ Yes □ No If Yes last attended: □ Fall □ Spring □ Summer

Year: \_\_\_\_\_\_\_\_\_\_\_\_

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| **Educational Plans** |

Desired major/academic interests: Hobbies/sports/outside interests:

Will you be requesting any accommodations via Student Disability Services? \_\_\_\_\_ Yes \_\_\_\_\_ No

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| **Recovery Needs** |

1. What are your primary reasons to continue in a life of recovery?

2. Do you have a history of relapse? If yes, please explain.

3. What do you do in your life to protect your recovery?

4. What challenges will you face while striving to be successful in college AND maintaining a healthy recovery program?

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| **Chemical Dependency History** |

Do you believe you are chemically dependent? \_\_\_\_\_ Yes \_\_\_\_\_ No Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drug(s) of Choice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever attended substance abuse treatment? \_\_\_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever lived in sober house? \_\_\_\_\_\_\_Yes\_\_\_\_\_\_\_No

Do you have concerns with other addictions such as gambling, sex, exercise, shopping, money issues, issues with food, etc.?

Tobacco: \_\_\_\_\_ Non-smoker \_\_\_\_\_ Smoker \_\_\_\_\_ Smokeless Tobacco Products

Thinking about quitting? \_\_\_\_\_ Yes \_\_\_\_\_ No

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| **Mental Health History or Concerns** |

Have you been diagnosed with a mental health disorder? If yes, please explain.

Eating Disorders: \_\_\_\_\_ Yes \_\_\_\_\_ No Self-injurious behaviors: \_\_\_\_\_ Yes \_\_\_\_\_ No

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| **Legal Issues / Concerns** |

LEGAL ISSUES/CONCERNS Is participation in the Collegiate Recovery Community recommended to you by the courts or are you under any pressure from lawyers or parents to attend? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any legal concerns? If so, please explain.

If a release of information is necessary for anyone including: an attorney, probation, or parole officer, please include their name and phone number here:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you be interested in Serenity Place housing? \_\_\_\_\_ Yes \_\_\_\_\_ No

My signature below indicates that the information I have provided in this application is true and accurate to the best of my knowledge. Any misrepresentation may lead to non-admittance or dismissal from the Collegiate Recovery Community.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prospective Participant Signature