

**St. Cloud State University Recovery Community Application**

The information you provide below will be discussed and taken into consideration with regard to your candidacy for admittance into the St. Cloud State University 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.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sober Date \_\_\_\_\_

Current Mailing Address \_\_\_\_\_  
Street City State Zip

Permanent Mailing Address \_\_\_\_\_  
Street City State Zip

Permanent Phone \_\_\_\_/\_\_\_\_-\_\_\_\_ Cell Phone \_\_\_\_/\_\_\_\_-\_\_\_\_

E-mail Address \_\_\_\_\_

How did you find out about the St. Cloud State University Recovery Community? Who referred you?

**PARENTS/GUARDIANS (address and phone numbers)**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Are your parents or any siblings in recovery? Are they attending Al-Anon or Alateen?

How would you describe your present relationship with your parents?

**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?

**CHEMICAL DEPENDENCY HISTORY**

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

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

Names and dates of treatment programs attended:

\_\_\_\_\_ Graduate?  Yes  No

\_\_\_\_\_ Graduate?  Yes  No

\_\_\_\_\_ Graduate?  Yes  No

Were you every involved in any treatment romances?  Yes  No

Please list all Halfway Houses, Sober Houses, Aftercare Services –names and dates attended below:

What treatment have you received for co-existing addictions or 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

**MENTAL HEALTH DISORDER 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

Comments:

Mental Health Services Received

Names and dates attended:

\_\_\_\_\_ Complete? Yes No

\_\_\_\_\_ Complete? Yes No

Psychologist name/location: \_\_\_\_\_ Current? Yes No

Psychiatrist name/location: \_\_\_\_\_ Current? Yes No

Medications: \_\_\_\_\_ Current? Yes No

When was the last time you received counseling, therapy or medication monitoring?

How long have you been seeing your current psychologist/psychiatrist/counselor? How often?

**EDUCATIONAL PLANS**

Desired major/academic interests:

Hobbies/sports/outside interests:

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

**LEGAL ISSUES/CONCERNS**

Is participation in the St. Cloud State Recovery Community recommended to you by the courts or are you under any pressure from lawyers or parents to attend?  Yes  No

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 #: \_\_\_\_\_

**Have you reviewed and do you agree with the terms of the Recovery Community Housing Agreement Addendum?**  Yes  No

Comments:

**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 Recovery Community.**

\_\_\_\_\_  
Prospective Participant Signature

\_\_\_\_\_  
Date



ST. CLOUD STATE  
UNIVERSITY

EDUCATION FOR LIFE.