



Recovery Community
720 4th Ave S
St. Cloud, MN 56301-4498
T 320.308.6290

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.

Applicant Information		
Name:		
Date of Birth:	Age:	Sober Date:
Current Address:		
City:	State:	ZIP Code:
Permanent Address:		
City:	State:	ZIP Code:
Cell Phone:	Permanent Phone:	
Email Address:		
How did you find out about the St. Cloud State University Recovery Community? Who referred you?		
Parent/Guardian Information		
Name:		Phone:
Current Address:		
City:	State:	ZIP Code:
Name:		Phone:
Current Address:		
City:	State:	ZIP Code:
Are your parents or any siblings in recovery? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are they attending Al-Anon or Alateen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How would you describe your present relationship with your parents?		

St. Cloud State University does not discriminate on the basis of race, sex, color, creed, religion, age, national origin, disability, marital status, status with regards to public assistance, sexual orientation, gender identity, gender expression, or status as a U.S. veteran. The Title IX coordinator at SCSU is Dr. Ellyn Barges. For additional information, contact the Office for Institutional Equity & Access, (320) 308-5123, Admin. Services Bldg. Rm 102. Contact the sponsoring department/agency listed above.

Recovery Needs

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

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

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

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? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No

Were you every involved in any treatment romances? Yes No

List all Halfway Houses, Sober Houses, Aftercare Services –names and dates attended:

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 Use? Smoker Non-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 Disorder(s)? Yes No No Comment

Self-injurious behavior(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Comment	
Mental Health Services Received (Name, location, and dates attended):	
Psychologist:	Current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Psychiatrist:	Current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	Current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	Current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Medication(s):	Current? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Current? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Current? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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:
Name:	Phone:
Name:	Phone:

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.

Signature

Date