

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

RECOVERY COMMUNITY | RECOMMENDATION FORM

Section 1 (to be completed by Applican	t)	
Name (print):		
Release of Information: I hereby consent to the release of information necessary for the Recovery Community staff to determine my appropriateness/readiness for the St. Cloud State University Recovery Community.		
I waive my access to view this recommendation Yes No		
Applicant Signature		Date
Section 2 (to be completed by Reference	e)	
Reference Name (print):		Phone:
Address:		
City:	State:	ZIP Code:
Relationship to Applicant: Most Recent Chemical Dependency Counselor Therapist Psychologist Psychiatrist		
Dates providing services to the individual:	to	Present

Note to the Reference from the Recovery Community

We appreciate all candid and relevant information you provide. Your feedback will be used in conjunction with other information to determine the applicant's readiness and appropriateness for participation in the Recovery Community. Every Recovery Community student must have a minimum of six (6) months of consistent sobriety by the date in which they move into the Recovery Community housing.

The Recovery Community is an academic as well as recovery-based support program for St. Cloud State University students. Please appraise this applicant's readiness for both college and the Recovery Community by addressing the following questions. Thank you for your assistance and information.

A staff member may contact you for clarification on the information you provided if necessary. If you have questions, please contact the Director of Counseling and Psychological Services (CAPS), John Eggers, PhD L.P. at 320.308.3171 or send an email to: counseling@stcloudstate.edu

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 Barrges. 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.

1)	Why do you believe this applicant is ready for college in terms of interest in academic achievement, cognitive abilities, though processes, strengths and deficits? Please provide concrete examples.
2)	What leads you to believe this applicant is working a healthy recovery program? Please provide specific information regarding meeting attendance and frequency, relationship with their sponsor, belief in a Higher Power, amount of time clean and sober, etc.
3)	What are the potential challenges this applicant may face in their ability to succeed in college while maintaining a stable and healthy recovery program?
4)	What coexisting addictions are present with this individual? What information do you have about them and what are your concerns?

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5)	What health concerns do you have in regards to daily hygiene, physical fitness, and nutrition – including the use of caffeine and energy drinks?
6)	How would you describe this individual's emotional health in terms of stress, mood, energy and sleep? Are they taking medications as prescribed and do they attend their scheduled therapy/psychiatric medication appointments?
7)	What information can you provide regarding their current relationships with peers, parents, and significant others?
8)	What are the legal issues either past or present?

Reference Signature Date

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