



REQUIREMENTS FOR ADMISSION TO THE CRC									
<input type="checkbox"/> Must be admitted to The Ohio State University									
<input type="checkbox"/> Must follow OSU Code of Student Conduct									
<input type="checkbox"/> Preferred minimum of 6 months complete abstinence from alcohol and other drugs									
*If unable to fulfill this requirement, please submit a letter requesting exemption.									
<input type="checkbox"/> Demonstrate willingness to strive for academic success and long-term recovery									
<input type="checkbox"/> Submit 2 letters of recommendation from a counselor and/or sponsor									
PERSONAL INFORMATION									
Last Name				First			Middle		
Rank in School (Fr. – Sr.)			Birth Date			Recovery Date			
Preferred Name					Gender Pronoun (i.e. She, He, Them)				
Mailing Address							Apartment/Unit #		
City				State			ZIP		
Phone				OSU E-mail Address					
Alt E-mail				Expected Graduation Date					
What is your primary source of support in recovery? (i.e. AA, NA, CA, Smart, SOS, Family, Church)									
Do you currently attend a mutual support group?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If Yes, How Often?	
Do you currently have and utilize a sponsor/mentor?				YES <input type="checkbox"/>		NO <input type="checkbox"/>			
EDUCATION									
High School					Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College					Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other					Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
REFERENCES									
Full Name				Relationship					
Email Address				Phone Number					
Full Name				Relationship					
Email Address				Phone Number					



**MORE ABOUT YOU**

1. What educational goals do you hope to achieve during your time at Ohio State? What goals do you hope to achieve upon graduation from Ohio State?

2. Briefly describe the unique qualities that you possess that you feel would contribute to the Collegiate Recovery Community:



**COLLEGIATE RECOVERY COMMUNITY**

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

4. How do you think the CRC will help you to overcome the challenges you've identified in the previous question?



**HISTORY – THIS SECTION WILL NOT BE SHARED WITH ANYONE OUTSIDE OF THE CRC STAFF. IT IS KEPT IN A LOCKED FILING CABINET. IT IS USED TO HELP CRC BETTER HELP YOU CONNECT TO RESOURCES AND TO BETTER KNOW YOUR PERSONAL RECOVERY JOURNEY.**

Have you ever received addiction treatment?  Yes  No

If yes, please provide the following information:

How many times have you received addiction treatment? \_\_\_\_\_

Type of addiction treatment:  Inpatient  Outpatient  Inpatient & Outpatient

None  Other

If other, please explain: \_\_\_\_\_

Have you ever received treatment for another mental health condition?  Yes  No

If yes, what was the treatment for?  Anxiety  Bipolar  Depression  Other

If other, please explain:

Are you currently taking any psychiatric medications?  Yes  No

If yes, please list:

Have you ever misused your psychiatric medications?  Yes  No

Please list all Halfway Houses, Sober Houses, Aftercare Services- names and dates attended

Name \_\_\_\_\_ Dates \_\_\_\_\_

Name \_\_\_\_\_ Dates \_\_\_\_\_

Have you been treated for or struggled with any process addictions or compulsive behaviors like gambling, sex, exercise, shopping, disordered eating, etc.?  Yes  No

Do you currently struggle with any of these behaviors?  Yes  No

If Yes, please list:

Tobacco: Nonsmoker \_\_\_\_\_ Smoker \_\_\_\_\_ Dip/Chew \_\_\_\_\_ E-Cig/Vape\_\_\_\_\_ Thinking about quitting?  Yes  No

Do you drink energy drinks?  Yes  No How often? \_\_\_\_\_



**ALCOHOL AND OTHER DRUG USE HISTORY**

To the best of your knowledge, please complete the following alcohol and other drug use history:

Substance	Yes	No	Age of first use	Duration of Use
Alcohol				
Marijuana				
Hallucinogens (PCP, LSD, Angel Dust, etc.)				
Inhalants (gasoline, paint, glue, etc.)				
Stimulants (cocaine, crack, methamphetamine, etc.)				
Opiates (heroin, painkillers, etc.)				
Depressants (sedatives, barbiturates, etc.)				
Synthetic substances (K2, Bath salts, etc.)				

**EATING DISORDER HISTORY**

To the best of your knowledge, please complete the following history:

Behavior	Yes	No	Age of onset	Duration of onset
Binging				
Restricting				
Purge Behavior (Misuse of laxatives, diuretics or enemas)				
Purge Behavior (Vomiting)				
Excessive exercising				
Obsessive weight monitoring (scales)				
Received treatment for eating disorder				

**SIGNATURE**

Signature

Date



**If you are interested in living in the Recovery House at Penn Place, please fill out this portion of the application. You will be contacted for either a phone or in person interview.**

<b>REQUIREMENTS FOR ADMISSION TO THE RECOVERY HOUSE</b>			
<input type="checkbox"/> Must be admitted to The Ohio State University and the CRC			
<input type="checkbox"/> Must fulfill University Housing requirements			
<input type="checkbox"/> Preferred minimum of 6 months of complete abstinence from drugs and alcohol, including medication assisted recovery			
<input type="checkbox"/> Demonstrate willingness to achieve long-term recovery and live cooperatively with others			
<b>PERSONAL INFORMATION</b>			
Last Name		First	Middle
Birth Date	Recovery Date		Rank in School
Phone		E-mail Address	
<b>MORE ABOUT YOU</b>			
1. Why do you believe living in the Recovery House will benefit your recovery?			
2. What unique qualities do you possess that will allow you to live cooperatively with other students in recovery?			
3. Can you commit to attend monthly house meetings for CRC students living in Penn Place?			