THE OHIO STATE UNIVERSITY
OFFICE OF STUDENT LIFE

# COLLEGIATE RECOVERY COMMUNITY

Application for the OSU CRC

| REQUIREMENTS FOR ADMISSION TO THE CRC |
|---|
| ☐ Must follow OSU Code of Student Conduct<br>☐ Demonstrate commitment to recovery from alcohol and other drugs<br>☐ Demonstrate willingness to strive for academic success and long-term recovery<br>*We recognize each individual will have their own unique definition of recovery and strive to create an environment that is open and welcoming to all pathways, however please note that our recovery meetings adopt an abstinence lens. |

| PERSONAL INFORMATION | | | |
|---|---|---|---|
| Last Name | First | Middle | BuckID# |
| Rank in School | 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 recovery pathway? (i.e. AA, NA, CA, MA, Smart, SOS, Celebrate Recovery) | | | |
| Do you currently attend a mutual support group? YES ☐ NO ☐ If Yes, How Often? | | | |
| Do you currently have and utilize a sponsor/mentor? YES ☐ NO ☐ | | | |

| EDUCATION | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| High School | | | | | Address | | | |
| From | | To | | Did you graduate? | YES ☐ | NO ☐ | Degree | |
| College | | | | | Address | | | |
| From | | To | | Did you graduate? | YES ☐ | NO ☐ | Degree | |
| The Ohio State University (anticipated) | | | | | Address | | | |
| From | | To | | Did you graduate? | YES ☐ | NO ☐ | Degree | |

| REFERENCES – *PLEASE PROVIDE TWO REFERENCES THAT CAN SPEAK TO YOUR RECOVERY* | | |
|---|---|---|
| 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 personal strengths that you possess that will help you with achieving your academic and recovery related goals, and how you could utilize these strengths to contribute to the CRC.

| **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? |

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**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? _____

Type of addiction treatment: ☐ Inpatient ☐ Outpatient Opioid + select all that apply

Have you ever received treatment or currently being treated for any mental health condition? ☐ Yes ☐ No

If yes, what was the treatment for and type of treatment (counseling, etc.)?

_____

Are you currently taking any medications to treat your addiction or mental health condition(s)? ☐ Yes ☐ No

If yes, please list:

_____

Have you ever misused your psychiatric medications? ☐ Yes ☐ No If yes, how recently? _____
Have you ever had thoughts of self-harm or suicide? Yes No If yes, how recently? _____

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 identify as a formerly incarcerated person or system impacted person? ☐ Yes ☐ No

**Residence History**

Please list all places you have lived for the past 24 months Home, Apartment, Sober Houses, Aftercare Services, etc. - names and dates attended

_____
Name Dates

_____
Name Dates

_____
Name Dates

**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 (dabs, cartridges, edibles, etc.) | | | | |
| Benzos (Xanax, Klonopin, Valium, etc.) | | | | |
| Prescription Stimulants (Adderall, Ritalin, Vyvanse, etc) | | | | |
| Hallucinogens (PCP, LSD, Mushrooms, etc.) | | | | |
| Inhalants (Whippits, Poppers, paint, glue, etc.) | | | | |
| Club Drugs (Molly, Ecstasy, Ketamine, etc) | | | | |
| Stimulants (cocaine, crack, methamphetamine, etc.) | | | | |
| Opiates (Heroin, Fentanyl, prescribed, etc.) | | | | |
| Depressants (sedatives, barbiturates, etc.) | | | | |
| Synthetic substances (Spice, Bath salts, etc.) | | | | |
| Addiction treatment medications (suboxone, subutex, etc) | | | | |
| Other not listed: | | | | |

**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 | | | | |

Is there anything else you would like us to know about your personal history? _____
_____
_____

**SIGNATURE**

Signature Date

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**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.**

| **REQUIREMENTS FOR ADMISSION TO THE RECOVERY HOUSE** | | | |
|---|---|---|---|
| ☐ Must be admitted to The Ohio State University and the CRC | | | |
| ☐ Must fulfill University Housing requirements | | | |
| ☐ Preferred minimum of 6 months of complete abstinence from drugs and alcohol, including medication assisted recovery | | | |
| ☐ Demonstrate willingness to achieve long-term recovery and live cooperatively with others | | | |
| **PERSONAL INFORMATION** | | | |
| Last Name | First | Middle | |
| Birth Date | Recovery Date | Rank in School | |
| Phone | E-mail Address | | |
| **MORE ABOUT YOU** | | | |
| 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? | | | |