



REQUIREMENTS FOR ADMISSION TO THE CRC

- Must be admitted to The Ohio State University
- Must follow OSU Code of Student Conduct
- Demonstrated commitment to complete abstinence from alcohol and other drugs
- Demonstrated willingness to strive for academic success and long-term recovery

PERSONAL INFORMATION

Last Name		First		Middle	BuckID#	
Rank in School (Fr.-Sr./Grad)			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			Referral (internet, CRC member, etc.)			
What is your primary source of support in recovery? (i.e. AA, NA, CA, Smart, SOS, Family, Church)						
Do you attend a mutual support group? YES <input type="checkbox"/> NO <input type="checkbox"/>			Group(s)		Frequency	
Do you have a sponsor/mentor? YES <input type="checkbox"/> NO <input type="checkbox"/>			Name		Phone	
Marital Status		Do you have children? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, age(s):				

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
The Ohio State University (Anticipated)				Campus			
From		To		Part Time or Full Time?	PT <input type="checkbox"/>	FT <input type="checkbox"/>	Degree

REFERENCES - Please provide two references who can verify you meet the requirements for admission to the CRC

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 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, how many times? _____ Treatment Type: Inpatient Outpatient Other

Facilities & Dates (MM/YY): _____

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

If yes, what was the treatment for? _____

Are you currently being treated for any mental health condition? Yes No

If yes, please list current diagnoses & 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 prescribed 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 ever been treated for or struggled with any process addictions or compulsive behaviors like gambling, sex, exercise, shopping, disordered eating, self-injury, etc.? Yes No

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

If Yes, please list: _____

Do you have a family history of addiction or mental health conditions?

If Yes, please list: _____

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

RESIDENCE HISTORY

Please complete the following residential history for the past 24 months and include where you intend to live while at OSU.

Dates (MM/YY)	Type (Sober House, Apartment, etc.)	Name/Location



ALCOHOL AND OTHER DRUG USE HISTORY

To the best of your knowledge, please complete the following alcohol and other drug misuse 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, Salvia, etc.)				
Inhalants (Whippits, paint, glue, etc.)				
Club Drugs (Molly, Ecstasy, Ketamine, etc.)				
Stimulants (Cocaine, Methamphetamine, etc.)				
Opiates (Heroin, Prescribed, Fentanyl, etc.)				
Synthetic substances (Bath salts, Spice, 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
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

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			
<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 continuous recovery			
<input type="checkbox"/> Demonstrate willingness to achieve long-term recovery and live cooperatively with others			
<input type="checkbox"/> Submit 2 letters of recommendation from a counselor, sponsor, religious leader, parole/probation officer, or MAT provider			
<input type="checkbox"/> Commit to 3-5 hours per week of CRC recovery related programming and coaching			
PERSONAL INFORMATION			
Last Name	First	Middle	
MORE ABOUT YOU			
1. Why do you believe living in the Recovery House will benefit your recovery?			
2. What strengths do you possess that will allow you to live cooperatively with other students in recovery?			
3. Please describe in detail what you would plan to do in addition to CRC programming to support your recovery while living in the house. Please list all activities that support your recovery and include intended frequency of each.			