



**RAZORBACK RECOVERY**

UNIVERSITY OF ARKANSAS

## RAZORBACK RECOVERY APPLICATION

(Please type or print in ink)

How did you learn of Razorback Recovery? \_\_\_\_\_

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Gender/Pronoun: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

Street Address City State Zip code

Phone Number: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Consent to be connected to other members through non confidential mediums: email and GroupMe?

email: \_\_\_yes \_\_\_no GroupMe: \_\_\_yes \_\_\_no

Emergency Contact Information: \_\_\_\_\_ Last Name First Name

Mailing Address: \_\_\_\_\_

Street Address City State Zip code

Phone Number: (\_\_\_\_) \_\_\_\_\_

### Education/Work Information

Did you graduate from high school? \_\_\_Yes \_\_\_No

If you did not graduate did you obtain a GED? \_\_\_Yes \_\_\_No

Did you transfer to the University of Arkansas \_\_\_Yes \_\_\_No

If yes, previous institution(s) attended: \_\_\_\_\_

Did you come to the University of Arkansas because of Razorback Recovery \_\_\_Yes \_\_\_No

Major/Minor: \_\_\_\_\_

Estimated graduation date: \_\_\_\_\_

### Social History

Working status: \_\_\_Full time \_\_\_Part time \_\_\_Seeking Work \_\_\_Not working

Living arrangements: \_\_\_On Campus \_\_\_Off Campus

With whom do you cohabitate? \_\_\_\_\_

Relationship status: \_\_\_Single \_\_\_Dating \_\_\_Married \_\_\_Divorced \_\_\_Widowed \_\_\_Other

Who supports your recovery in your life? \_\_\_\_\_

Have you ever been arrested for a crime other than a minor traffic offense?\*  Yes  No  
If yes, disposition of the case (pending, convicted of offense, charge dismissed, acquitted at trial): \_\_\_\_\_

Date of occurrence: \_\_\_\_\_

Nature of occurrence: \_\_\_\_\_

**\*This information will not disqualify you from CRC admission**

### **Treatment History**

What was your addictive vice? \_\_\_\_\_

How old were you the first time of use? \_\_\_\_\_

Have you ever received substance use treatment?  Yes  No

If yes, please provide the following information:

How many times have you received substance use treatment? \_\_\_\_\_

Treatment dates: \_\_\_\_\_

Type of substance use treatment:  Inpatient  Outpatient  Other, explain \_\_\_\_\_

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

Are you currently engaged in any substance use/mental health services?  Yes  No

If yes, what type (outpatient therapy, psychiatry, medicated assisted recovery etc.): \_\_\_\_\_

Are you currently taking any medication?  Yes  No

If yes, what type of medication? \_\_\_\_\_

### **Recovery History**

What is your date of sobriety: \_\_\_\_\_ (mm/dd/year)

What lead you to sobriety: \_\_\_\_\_

For those who work a 12 step program:

Have you completed the 12 Steps?  Yes  No/explain \_\_\_\_\_

Are you a sponsor?  Yes  No/explain \_\_\_\_\_

Do you have a sponsor?  Yes  No/explain \_\_\_\_\_

For those who do not work a 12 step program:

Do you have a recovery coach?  Yes  No/explain \_\_\_\_\_

What support methods or networks do you utilize to enhance your recovery? \_\_\_\_\_

**How would being a part of Razorback Recovery enhance your recovery and your academics?**

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**In what ways can Razorback Recovery support you?**

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**What does recovery mean to you and explain how recovery plays a part in all areas of your life? (Add additional sheets if necessary.)**

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### **CONNECTED IN COMMUNITY**

**How are you connected to your current recovery community? Home group, treatment center alumni, church fellowship, etc. (Add additional sheets if necessary.)**

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### **CIVILITY IN RELATIONSHIPS**

**How would you incorporate respect and gratitude into the Razorback Recovery Community? (Add additional sheets if necessary.)**

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**COMMITMENT TO ACADEMICS**

**How do you see academics enhancing your recovery?**

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**How do you see a college degree enhancing your life?**

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