KENNESAW STATE UNIVERSITY
DIVISION OF STUDENT AFFAIRS
Center for Young Adult Addiction and Recovery

Collegiate Recovery Program
Application

Application Information

Applications for the CRP should be *complete before the start of the semester* to be considered. Applications received while a semester is in progress will most likely be considered for the start of the following semester.

Program Eligibility

- Kennesaw State University enrollment/acceptance
- *Minimum Six Months of Complete Abstinence* from Alcohol and other Drugs and/or all Process Addictions
- Interview with CRP staff
- Commitment to the program requirements:

  - ✓ *Abide by the standards outlined in the CRP Commitment Contract*
  - ✓ Attend Seminar *every week*
  - ✓ Attend Community Meeting *twice per month*
  - ✓ Attend academic advisement at CRP as required
  - ✓ Active participation in twelve step recovery program or equivalent recovery program

If you are willing and able to meet the requirements for this program, please complete the Application for Admission found below. If you have any questions, please contact the Center for Young Adult Addiction and Recovery at (470) 578-2538 or recovery@kennesaw.edu.

Application Checklist

All application materials listed below must be submitted *before* you can be considered for membership in the program. Once all materials are received, the staff will contact you about scheduling an appointment.

- ❑ Accepted to or currently enrolled at KSU
- ❑ Completed Collegiate Recovery Program Application
- ❑ One letter of recommendation (See recommendation forms below)
- ❑ Biographical Statement: Personal recovery story in your own words (2-3 pages)

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Date of Application	KSU ID #	Recovery Date
Last Name	First Name	Middle
Prefer to go by	Preferred pronouns	Date of Birth
Mailing Address		Apt #
City	State	Zip
Email	KSU Student Email	Cell phone
How did you hear about us? ☐ Friend ☐ Treatment ☐ IOP ☐ Meetings ☐ CYAAR Presentation ☐ Other:	Would you like to join the CRC private group on Facebook called "The Outfit"? ☐ Yes ☐ No	Would you like to receive text message reminders about the CRC? ☐ Yes ☐ No
Please tell us how you identify your gender ☐ Prefer not to answer	Ethnicity ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ More than one race ☐ Native Hawaiian or Other Pacific Islander ☐ Caucasian or White ☐ Prefer not to answer	Semester applying for ☐ Fall ☐ Spring ☐ Summer
Latinx/Hispanic ☐ Yes ☐ No		What year did you graduate? ☐ Diploma ☐ GED
Working Status ☐ Not Working ☐ Part Time ☐ Full Time	Place of Employment	Occupation
Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Other	Do you have Children? ☐ Yes ☐ No If yes, how many?	Did you transfer to KSU? ☐ Yes ☐ No If yes, where are you transferring from?
Did you apply to KSU because of the Collegiate Recovery Program? ☐ Yes ☐ No	Are you interested in applying for an out of state tuition waiver? ☐ Yes ☐ No	

Drug and Alcohol Misuse History

Please complete the scale below. *Check the boxes* that best describe your previous relationship with that substance.

Substance	Age of First Use		Never Used	Occasionally Used	Frequently Used
Alcohol					
Cigarettes					
Vape					
Chewing Tobacco					
Marijuana					
Hallucinogens (Psilocybin Mushrooms, LSD, MDA, PCP, DMT, Angel Dust)					
Inhalants (Whippets, Duster Can, Gasoline, Paint, Glue, Etc.)					
Stimulants (Adderall, Crystal Meth, Cocaine, Crack)					
Opiates (Heroin, Pain Killers)					
Depressant (Sedatives, Barbiturates, Xanax, Valium, Etc.)					
Designer Drugs (GHB, Molly, Ecstasy)					
Synthetics (Bath Salts, Spice)					
Other:					

Process Addiction History and/or Behaviors

Please complete the scale below. *Check the boxes* that best describe your previous relationship with that substance.

Behavior	Age of First Use		Never Used	Occasionally Used	Frequently Used
Gambling					
Self-Harm					
Sex					
Technology (Gaming, Social Media)					
Other:					

Eating Disorder Addictive History

Please complete the scale below. *Check the boxes* that best describe your previous relationship with that substance.

Behavior	Age of First Use		Never Used	Occasionally Used	Frequently Used
Binging					
Restricting					
Overeating					
Purge Laxative					
Purge Vomiting					
Excessive Exercising					
Obsessive Weight Monitoring					
Other:					

Please check the box that describes your opinion.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I am willing to do whatever it takes to sustain recovery.					
I am willing to do whatever it takes to graduate.					

Mental Health History

KSU protects the confidentiality of student's health information, as required by law. Any health information shared by applicants is confidential and will not be discussed with individuals not directly involved in reviewing the application or student progress once enrolled in the Program. In order to best advocate for our students, it is important for us to understand any history of arrests. This information will not influence acceptance into the collegiate recovery program.

What type of addiction are you recovering from? ☐ Drugs ☐ Alcohol ☐ Eating Disorder ☐ Other, please explain:	Have you ever been arrested for a crime other than a minor traffic offense? ☐ Yes ☐ No If yes, type of charge ☐ Felony ☐ Misdemeanor Charge:	Have you participated in an accountability court program? ☐ Drug Court ☐ DUI Court ☐ Mental Health Court ☐ Other, please explain:

<table>
<tr>
<td>Have you ever received addiction treatment?
☐ Yes
☐ No</td>
<td>If yes, what type & how many times have you received addiction treatment?
<table>
<tr><th>Type</th><th>Number of times</th></tr>
<tr><td>☐ Detox Stabilization</td><td></td></tr>
<tr><td>☐ Inpatient</td><td></td></tr>
<tr><td>☐ Outpatient</td><td></td></tr>
<tr><td>☐ Both Outpatient and Inpatient</td><td></td></tr>
<tr><td>☐ Sober Living Recovery Housing</td><td></td></tr>
<tr><td>☐ Other:</td><td></td></tr>
</table></td>
<td>If other, please explain:</td>
</tr>
<tr>
<td>Have you ever received treatment for another mental health condition?
☐ Yes
☐ No</td>
<td>If yes, what was the treatment for?
☐ Anxiety
☐ Bipolar
☐ Depression
☐ Schizophrenia
☐ Other</td>
<td>If other, please explain:</td>
</tr>
<tr>
<td>Are you currently receiving clinical care?
☐ Registered Dietitian
☐ Psychiatrist
☐ Counselor
☐ Other</td>
<td>Are you currently on medication?
☐ Yes
☐ No</td>
<td>If yes, list medications & dosage:</td>
</tr>
<tr>
<td>Do you have a family history of mental illness/addiction?
☐ Yes
☐ No</td>
<td>If yes, please select:
☐ Mother
☐ Father
☐ Grandparent
☐ Siblings
☐ Other:</td>
<td>If other, please explain:</td>
</tr>
<tr>
<td>Do you attend one of the following?
☐ AA
☐ NA
☐ EDA
☐ Celebrate Recovery
☐ Other</td>
<td colspan="2">If other, please explain:</td>
</tr>
<tr>
<td>Have you completed the 12 Steps?
☐ Yes
☐ No</td>
<td>Do you have a Sponsor, recovery coach, or mentor?
☐ Yes
☐ No</td>
<td>Do you Sponsor, coach, or mentor others?
☐ Yes
☐ No</td>
</tr>
</table>

Please describe your most recent treatment experience
Please explain your recovery plan

Recovery Questions

Please answer all the questions to the best of your ability. Do not leave any blank.

How are you connected to your current recovery community? (Home group, treatment center alumni, church fellowship, etc.)
What does recovery mean to you?

What is your purpose?
How do you see academics enhancing your recovery?
Briefly describe how you will integrate respect and gratitude in the Collegiate Recovery Community.

Biographical Statement

In 2-3 pages (can be typed and attached to application or written below), please briefly tell us your story of recovery, your academic history (what previous schools you attended, if you struggled with grades, etc.) and your plan for academic success at KSU and why you want to join the CRP.

Emergency Contacts

In the event of a medical emergency or relapse, I hereby give the CYAAR permission to contact the following:

First Contact

Name	Relationship
Cell Phone	Other Phone
Address	
City, State	Zip
Email	

Second Contact

Name	Relationship
Cell Phone	Other Phone
Address	
City, State	Zip
Email	

Initial_____

Data collected before, during, and upon leaving the CYAAR may be used either for research purposes, or for programming purposes. It is important in our endeavors to support students in recovery that we maintain and continually update our programming to meet the needs of our students from year to year, as CRP students vary demographically and regarding their needs. As such, our testing may include well-validated metrics as the standard in the field, or more tailored surveys and batteries to measure features that are of specific value to CRP programmers and researchers. Periodic publishing of our findings will occur from time to time as well. We incorporate appropriate FERPA and HIPAA protections of your data, and any data that is used or published will be de-identified and will not be able to be reasonably linked to you as an individual. Your data is stored under password protection, with only select staff having access. None of your data for research publication purpose includes identifying information.

However, there is some risk involved. As a small cohort of 50-70 students on any given year, any published studies that include current student data may create risk. As such, any studies that include current student data will not identify the CRP itself, or the location from which the data is drawn, nor will such data identify the year from which it was drawn if such data includes students who may currently be enrolled. This is done for your protection. General standards at large research universities state the minimum of ten students must be achieved to report on any special population in a publication. Given the dynamic identities of our students and the rate at which stigma affects the recovery population, we seek to go over and above this threshold. Every reasonable attempt to ensure the confidentiality of your identity is maintained. Any further questions or concerns may be directed to our Assistant for Research Initiatives, Jessica McDaniel at jmcdan33@kennesaw.edu.

After reviewing the supplemental form on data usage, you may opt in or out of the data collection process without penalty.

- ☐ I consent to the use of my data for research and programming
- ☐ I do not consent to the use of my data for research and programming

Signature of Participant	Printed Name of Participant	Date

Please return completed application to:

Center for Young Adult Addiction and Recovery
1085 Canton Place NW, MD 6002
University Village, 6000 Building, UV6134
Kennesaw, GA 30144
Fax: (470) 578-9203 or Email: recovery@kennesaw.edu

If you have questions about the application process, please call (470) 578-2538.

Professional Letter of Recommendation

To be completed by a non-family member who can recommend you such as a counselor, sponsor, employer, etc.

The person below is applying to the Collegiate Recovery Program, a program at Kennesaw State University for students in recovery wishing to give back through service, as well as receive support from peers and staff for their academic and recovery goals. Please complete this form honestly and to the best of your ability.

Name of Person Completing Recommendation	Relationship to Applicant
Phone	Email
Applicant's full name	How long have you known the Applicant?

Please rate the Applicant to the best of your knowledge using the scale below

	Superior	Excellent	Above Average	Below Average	Unable to Evaluate
Perseverance					
Motivation					
Organization					
Responsibility					

Can you verify or comment that this student has a minimum of six months of continuous abstinence-based recovery and is a strong candidate for attending college at this time?

Tell us more about why you are recommending this applicant. Include any relevant information such as strengths you have observed in the applicant within the recovery community, academic performance, work performance, etc.	
Signature	Date
Position	Institution

Please return letter of recommendation to:

Center for Young Adult Addiction and Recovery
1085 Canton Place NW, MD 6002
University Village, 6000 Building
Kennesaw, GA 30144

Fax: (470) 578-9203
Email: recovery@kennesaw.edu

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