



ROADRUNNER COLLEGIATE RECOVERY PROGRAM

Application for the RCNJ RCRP and Recovery House

REQUIREMENTS FOR ADMISSION TO THE RCRP

- Must be admitted to Ramapo College of New Jersey
- Must follow RCNJ Code of Student Conduct
- Demonstrate willingness to strive for academic success and long-term recovery
- Submit 2 letters of recommendation from a counselor and/or sponsor

PERSONAL INFORMATION

Last Name _____ First _____ M.I. _____ Prefer to go by _____

Rank in School (Fr. – Sr.) _____ DOB _____ Age _____ Gender: M F Other Prefer Not Answer

Ethnicity: American Indian Asian Black/African American Multi-Racial Hawaiian Caucasian Prefer not to answer

Mailing Address _____ Apt/Unit _____

City _____ State _____ ZIP _____

Cell Phone _____ RCNJ E-mail _____ Alt E-mail _____

Recovery Date _____ Expected Graduation Date _____

What is your primary source of support in recovery? (AA, NA, CA, Smart, Family, Church, other) _____

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 _____

Employment Status: Not working Full time Part time Place of Employment _____

Marital Status: Single Married Divorced Widowed Other

Children? Yes No If yes, how many? _____



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EDUCATION

High School _____ Address _____

From _____ To _____ Did you graduate? YES ___ NO ___ Degree _____

College _____ Address _____

From _____ To _____ Did you graduate? YES ___ NO ___ Degree _____

Major _____ GPA _____

Other _____ Address _____

From _____ To _____ Did you Graduate? YES ___ NO ___ Degree _____

Major _____ GPA's _____

Did you Transfer to RCNJ? Yes No Where did you transfer from and why? _____



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MENTAL HEALTH HISTORY

What Substances are you recovering from?

Alcohol _____ Other Drugs _____

What type and how many times have you received Substance Use treatment?

Detox _____ # Times _____

Inpatient _____ # Times _____

Outpatient _____ # Times _____

Intensive Outpatient _____ # Times _____

Sober Living/Half-way Housing _____ # Times _____

Other _____ # Times _____

Have you received treatment for other mental health conditions? Yes No

If yes, what was treatment for?

Anxiety Bipolar Depression Schizophrenia Other (explain) _____

Are you currently receiving clinical treatment? Counselor _____ Psychiatrist _____ Other _____

Do you struggle with or receive treatment for process addictions/compulsive behaviors like gambling, disordered eating, etc. _____

Are you currently using prescribed medications for treatment? Yes No If yes, please list: _____

Have you ever missed taking your psychiatric meds? Yes No If yes, please list _____

Is there a family history of mental illness/substance misuse? Yes No

If yes: Mother Father Grandparent Siblings Other

Have you been arrested for a crime other than a minor traffic offense? Yes No

If yes, what type of charge? Felony _____ Misdemeanor _____



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Alcohol/Other Drug Misuse History

Please complete the scale below. Check the column that best describes your previous relationship with that substance

Substance	Never Used	Occasional Use	Frequent Use	Age of 1 st Use
Alcohol				
Marijuana (leaf or oil)				
Nicotine (E/Vape)				
Hallucinogens (mushrooms, LSD,MDA PCP DMT, angel dust)				
Inhalants (paint, gasoline, glue)				
Stimulants (adderall, crystal meth, cocaine, crack)				
Opiates (heroin, pain killers)				
Depressant (xanax, valium, sedatives, barbiturates, etc.)				
Designer Drugs (GHB, molly, ecstasy)				
Synthetics (bath salts, spice, etc.)				
Other				



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RECOVERY QUESTIONS

Please respond to each question to the best of your ability; do not leave any blank

What does recovery mean to you?

What is your purpose?



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How do you see academics enhancing your recovery?

Briefly describe how you will integrate respect and gratitude in the RCNJ Roadrunner Collegiate Recovery Program.



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In the next pages, 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 RCNJ and why you want to join the Roadrunner Collegiate Recovery Program.



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EMERGENCY CONTACTS

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

First Contact

Name _____ Relationship _____

Cell Phone _____ Other phone _____

Address _____

City, State _____ Zip _____

E-mails _____

Second Contact

Name _____ Relationship _____

Cell Phone _____ Other Phone _____

Address _____

City, State _____ Zip _____

E-Mails _____

Initial _____



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Two (2) Professional Letters of Recommendation

To be completed by non-family members who can recommend you – a counselor, sponsor, employer, etc.

The person below is applying to the RCNJ Roadrunner Collegiate Recovery Program for students receiving support from peers and staff for their academic and recovery goals, in addition to giving back through service to the program and to the campus community.

Please complete this form honestly and to the best of your ability.

Name of Person Completing Recommendation

Relationship to Applicant

Phone

E-Mail

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 applicant has a minimum of six months of continuous abstinence based recovery and is a strong candidate to sustain his present



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Please 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:

Cory Rosenkranz, Coordinator

Substance Use Disorder Prevention/Recovery Program

Center for Health & Counseling Services

Roadrunner Collegiate Recovery Program

Ramapo College of New Jersey

505 Ramapo Valley Road

Mahwah, NJ 07430

crosenkr@ramapo.edu

Fax: 201-684-7995

If you have questions about the application process, please call Cory Rosenkranz at 201-788-2500 or 201-684-7522