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
- ☐ Preferred minimum of 6 months complete abstinence from alcohol and other drugs
  *If unable to fulfill this requirement, please submit a letter requesting exemption
- ☐ 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?

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?

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:

Have you ever missed taking your psychiatric meds? ☐ Yes ☐ No

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_____

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 1st 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				

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?

How do you see academics enhancing your recovery?

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

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.


ROADRUNNER COLLEGIATE
RECOVERY PROGRAM
RAMAPO COLLEGE OF NEW JERSEY

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 _____

Submit Form