



**ALL FOR
RECOVERY**

Application Instructions

APPLICANT INSTRUCTIONS:

1. Fill out the ENTIRE application. An incomplete application is not be able to be fully considered for approval.
2. Please go into as much detail as possible for all sections of your application. This allows us to see the whole picture of how we may best be able to assist you in your own words.
3. Once your application has been submitted, it will go before the AFR Board for initial approval.
4. If approved, you will make an appointment to speak with a member from our All For Recovery team. These appointments are made on Thursday mornings between 10am - 11am and are required for final approval. This is a call between just the two of you, so please allow ample time for questions.
5. After your call, final approval goes back in front of the AFR Board. If you receive final approval, your grant will be for a **2-week period only**. Within this period, you will have expectations and tasks to help assist you through your recovery process. You will find more information on these on the Expectations page of this application package.
6. You will have an opportunity to request a second grant for another 2-week period if ALL expectations have been met and your progress has been monitored and approved by both your facility and AFR.

TREATMENT MANAGER OR RECOVERY HOUSING MANAGER:

- Treatment Application approvals take place within 24 business hours of receipt confirmation.
- Recovery Housing Application approvals take place within 7 business days of receipt of confirmation.
- Payments are processed & delivered at the end of each two-week period, & will be made by credit card/check.
- We offer grants for a two week period only, with the opportunity for another two weeks based upon progress.

The Facility Manager **MUST** check-in with AFR before the 2nd payment becomes due and let us know how the applicant is doing & discuss how progress is going. At that point, we will process the payment for an additional 2-weeks of grant money if the applicant has completed all AFR required tasks to aid in their recovery.

If you are interested in obtaining treatment or recovery housing for a loved one or friend - please complete the application in detail and submit for board approval.



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Grant Application

Recovery Housing Application

Treatment Application

Today's Date: _____

Applicant's Name: _____ DOB: _____

Preferred Pronouns: She / Her He / Him They / Them _____
optional

Address: _____

Phone Number: _____ Email: _____

Emergency Contact: _____ Phone Number: _____

Marital Status: Single Partnered Married Separated Divorced Widowed

How did you learn about All for Recovery? _____

Referring Facility: _____

Contact Name & Phone: _____

Contact Email: _____

Do you have health insurance? Yes No (If yes, please fill in the information below)

Name of Primary on Policy: _____

Relationship to Applicant: Self Parent Spouse Other: _____

Insurance Provider: _____ Policy #: _____

If you do not have insurance, is self-pay an option to cover the premium? Yes No

Contact for Self-Pay: _____ Phone #: _____

Do you currently receive any other funding? Yes No

If so, what type of funding do you receive? _____

Are you currently employed? Yes No

If Yes, Who is your current employer? _____

How long have you been employed here? _____

If No, are you willing to complete job applications? Yes No

Do you receive any other type of income? (check all that apply) Yes No

Disability	Alimony	Child Support	Unemployment
Social Security	Inheritance	Workers Comp	Other _____

Are you willing to get a home group? Yes No

Are you willing to get a sponsor? Yes No

Are you willing to go to at least 4 meetings each week? Yes No

Have you ever attended a 12 Step Meeting? Yes No

Would you consider living in a recovery house? Yes No

What is your drug of choice: (check all that apply)

Alcohol	Marijuana	Heroin	Cocaine	Benzodiazepines
Crystal Meth	OxyContin	Methadone	Crack	Hallucinogens

Others: (Please List): _____

Method of use? (check all) Smoke Oral Snort IV

How much of each did/do you use: _____

How often did/do you use drugs and/or alcohol: _____

What is the date you last used drugs and/or alcohol: _____

Are you currently in a treatment facility? _____

Where: _____

What is your discharge date? _____

Tell us about the facility that you are applying for funding:

Name of Facility: _____

Contact Name & Phone: _____

Contact Email: _____

How many times have you completed detox? _____

Where: _____

When: _____

How many times have you completed a PHP or a 30-day in-patient rehab? _____

Where: _____

When: _____

How many times have you completed out-patient treatment? _____

Where: _____

When: _____

How many times have you lived in a sober living house? _____

Where: _____

When: _____

Do you have any other medical issues? Yes No

If yes, what was the diagnosis? _____

Do you have any mental health issues? Yes No

If yes, what was the diagnosis? _____

Do you currently take any medication(s)? Yes No

If yes, please list? _____

What is the dosage of each medication? _____

How often do you take each medication? _____

Do you have a prescription for: (check all that apply)

Methadone

Suboxone

Vivitrol

What is the dosage of each medication? _____

How many times have you been prescribed this/each medication? _____

How much longer will you be taking this medication? _____

Do you have a place to live? Yes No

If yes, where and with whom will you be living with? _____

Do you have any pending legal charges? Yes No

If yes, what are the charges? _____



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Expectations & Requirements of Grant Recipients

APPLICANTS:

AFR requires certain measures be taken by our approved applicants. We believe these requirements will help you to stay in the middle of the program and achieve your longterm goal of sobriety.

Each applicant will be assigned a Buddy from NA or AA. Your Buddy is in place to help you build your network of people in the program, will help you stay in the middle of the program and not give up before the miracle happens.

Requirements:

- You must email your weekly accountability worksheets to AFR every Monday.
- You must check in with your buddy via phone at least 3 times a week. Your buddy will report back to AFR with your progress.
- You must go to meetings at least 4 times a week.
- You must have a sponsor within a week and it is recommended to raise your hand at a meeting and ask for a sponsor if you don't already have a sponsor.
- You must have a service position at one of your meetings.
- You must have a home group.
- You must be actively looking for a job.
- Friend Kellie Plucinski on Facebook
- Friend & Like AFR on social media.
- Accept the AFR Alumni Group invitation on Facebook for daily messages and to chat with other alumni to utilize them for more support.

If all above requirements are met, we will be able to offer an additional 2 weeks grant for the rent at your facility.