

Rehabilitation and Recovery Plan Grant Application

Applicant

Full name D.O.B Gender: M / F

Current address

Mobile number

email address

Support person/sponsor/emergency contact

Name

Relationship to applicant

Address

Contact number

Email address

Referee (if not same as above)

Name

Relationship to applicant

Contact Number

Treatment provider (if known)

Name

Organisation

Contact Number

Applicant questions:

Are you clean/sober Y / N ? If yes, how long? _____

How often have you been using/drinking? _____

Have you been involved in a rehabilitation program in the past Y / N ? If yes, which program (s)?

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Did you complete the program(s)? _____

How did you find out about Jagriti Foundation? _____

Signature of Applicant: _____ **Date:** _____

Witness: _____ **Date:** _____

Personal Statement:

Please attach a personal statement including:

- (1) The reason for the application and
- (2) Your desire to change.

Administrators use only

Application and statement received by Jagriti Foundation Date _____

Support person/referee contacted Date _____

Application presented to the Board Date _____

Board decision:

Approved in full / Approved with amendments / Declined Date _____

Comments: