



SUBSTANCE USE RECOVERY HOUSE SCHOLARSHIP APPLICATION

The purpose of this scholarship is to help those committed to their recovery by assisting individuals to enter a Recovery/Sober Living House as part of their journey towards greater independence and freedom from substance use. Kacie's Cause does not endorse any particular Recovery/Sober Living House or any one pathway to recovery. Completion of this application does not guarantee a Recovery House Scholarship.

Eligibility Criteria:

- Strong commitment to the recovery process & long-term recovery
- Recovery/Sober House in the Tri-County area
- Prior residency in Pennsylvania

If the above criteria have been met, please complete the application below:

Applicant's Name: _____ Date of Birth: _____

Last PA County of Residency: _____

Have You previously stayed in a Recovery House? (circle one): Y N -- If yes, which one:

_____ City: _____ State: _____

Requesting Scholarship To:

Recovery House: _____ Phone: _____

Administrative Address: _____

City: _____ State: _____ Zip Code: _____

Applicant Move-In Date: _____ Weekly Rent: _____

Recovery House Contact: _____

Referring Facility/Organization: _____

Statement of Referring Professional from Referring Facility/Organization

I certify that _____ requires financial support to secure recovery housing as part of his/her Recovery Plan.

Name (Print)

Signature

Date

Statement of Applicant

I, _____ certify that at this time, I do not have the financial resources to move into a Recovery House. I also certify that I have been a resident of Pennsylvania for at least sixty (60) days (excluding jail time, hospitalization and/or institutionalization). I will use this assistance to work towards both my short- and long-term goals for sustained recovery such as:

I will abide by the rules of the Recovery House. I understand that Kacie’s Cause does not endorse any particular Recovery House or recovery pathway. I also understand that information regarding my compliance/progress with my recommended treatment and rules of the Recovery House may be shared with Kacie’s Cause for their use in monitoring the outcomes of their recovery scholarship program.

Signature

Date

*Reference Name: _____ Phone No.: _____

*The point of the reference is to speak with someone to attest to your commitment & progress to the recovery process. It can be any person in your life that can speak to this goal.

To submit your completed application, mail to: Kacie’s Cause, PO Box 333, Kennett Square, PA 19348 or email to: treasurer@KaciesCause.org. Incomplete applications will not be considered.

Note: Any unused paid scholarship monies, due to dismissal or client leaving the Recovery House, should be credited to Kacie’s Cause. The funds may be retained by the facility towards a future scholarship but please notify the Kacie’s Cause Treasurer at the above email address.

Kacie’s Cause Use Only:

Approved: Yes or No Check No.: Date Mailed: Date Cleared:

Comments: