

Created: 9/24/24

Revised: 4/29/25

CRSS Success Program

Application Form

This form is designed to gather required information and to assess program eligibility.

Directions: This is a fillable form. To enter information/answers, click on the box and/or start typing.

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| Section 1: Personal Information  |
| First Name | Click or tap here to enter text. | Last Name  | Click or tap here to enter text. |
| Address  | Click or tap here to enter text. | City  | Click or tap here to enter text. |
| State | Click or tap here to enter text. | Zip Code  | Click or tap here to enter text. |
| Phone  | Click or tap here to enter text. | Email  | Click or tap here to enter text. |

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| Section 2: Program Eligibility Information |
| Are you 18 years or older?  | Yes [ ]  | No [ ]  |
| Do you identify as a person in recovery from mental health, substance use, or cooccurring mental health and/or substance use challenges? | Yes [ ]  | No [ ]  |
| If yes, in 350 words or less, please describe how have you utilized your lived experience in recovery to support others in their journey? |
| Click or tap here to enter text. |
| Are you comfortable using your lived experience to assist others?  | Yes [ ]  | No [ ]  |
| Have you completed a high school diploma or GED? | Yes [ ]  | No [ ]  |

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| Section 3: Participation Requirements |
| Are you able to commit to the full duration of the program, including a minimum of 125 hours of classroom learning and 300 hours of internship? | Yes [ ]  | No [ ]  |
| If no, in 350 words or less please explain below any scheduling conflicts or concerns? |
| Click or tap here to enter text. |
| Do you have reliable transportation to attend in-person classroom sessions and internships?  | Yes [ ]  | No [ ]  |
| If no, would you like to request transportation support? | Yes [ ]  | No [ ]  |
| Do you require any additional support, such as childcare, financial assistance, or disability accommodation?  | Yes [ ]  | No [ ]  |
| If yes, in 350 words of less please specify below:  |
| Click or tap here to enter text. |

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| Section 4: Supporting Documents & Course Schedule  |
| Please include the following with your application | [ ]  Proof of high school diploma or GED [ ]  I need additional time to access the above documentation  |
| Choose the course schedule you would like to enroll in | [ ]  Summer Schedule ’25 #1[ ]  Summer Schedule “25 #2 |

**Equal Opportunity**: The CRSS success program is committed to providing equal opportunity to all applicants, regardless of race, gender, disability, sexual orientation, religion, or socio-economic background. All applicants will be evaluated solely on their qualifications, lived experience, and commitment to recovery support​.

By signing below, I certify that the information provided is accurate and that I am committed to participating in the Certified Recovery Support Specialist (CRSS) Training Program. I understand that my application does not guarantee acceptance into the program, and that I will be contacted regarding the next steps if selected.

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**Submission Directions:**

Please submit your completed application and supporting documents via email to caranas@envisionunlimited.org or print and mail to the following address:

Envision Unlimited

Attn: CRSS Director

4419 N. Ravenswood

Chicago, IL 60640

Sealed application and supporting documents can also be dropped off in person at the following address:

Envision Unlimited

Attn: CRSS Director

4419 N. Ravenswood

Chicago, IL 60640

For any questions or concerns, please contact our program director at the information below:

Catherine Aranas

Phone: 773.506.3229

Email: caranas@envisionunlimited.org