A yellow sun with black text

Description automatically generated

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.

|  |  |  |  |
| --- | --- | --- | --- |
| 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. |

|  |  |  |
| --- | --- | --- |
| 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. | | |

|  |  |
| --- | --- |
| 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature

**Submission Directions:**

Please submit your completed application and supporting documents via email to [caranas@envisionunlimited.org](mailto: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](mailto:caranas@envisionunlimited.org)