



Application for Admission

Please fill out the application below.

Name:

First Name

Middle Initial

Last Name

**Social Security
Number:**

XXX-XX-XXXX

Date of Birth:

Month

Day

Year

**Phone Number with
Area Code:**

XXX-XXX-XXXX

Email Address:

myname@example.com

Address:

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

County:

Gender:
Circle One

- Male
- Female
- Prefer not to disclose
- Non-Binary

Are you a citizen of the United States? Yes
 No

Are you authorized to work in the United States? Yes
 No

If you selected male as your gender, are you registered for Selective Service? Yes
 No

Ethnicity:

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latin
- Native Hawaiian or Other Pacific Islander
- Other
- White

Marital Status: Single
 Married
 Divorced
 Married but Separated

Have you served in the military? Yes
 No

References

Please list 3 recovery related references. You will need each reference to write you a short letter of recommendation and attach it to this application.

Name:

First and Last Name

Email Address:

ex: myname@example.com

Phone Number with
Area Code:

XXX-XXX-XXXX

Relationship

Name:

First and Last Name

Email Address:

ex: myname@example.com

Phone Number with
Area Code:

XXX-XXX-XXXX

Relationship

Name:

First and Last Name

Email Address:

ex: myname@example.com

Phone Number with
Area Code:

XXX-XXX-XXXX

Relationship

Referral to Program

How did you hear about this program?

- Achieving Recovery Together Horizon Health
- Appalachian KY Health Care Access Network Kentucky Career Center
- AppHarvest Pathways
- Northeast Kentucky Substance Use Response Coalition Kentucky Rural Healthcare Information Organization
- St. Claire HealthCare KRHIO Website
-

Name of Person referring you:

First and Last Name

Tell us about yourself

1. What motivated you to apply to this program?

2. What makes you a good candidate for this program?

3. What do you hope to achieve by participating in this program?

4. How do you think you will benefit from this program?

5. What are your goals after completing this program?

6. Have you spent time incarcerated? If yes, please explain. (PLEASE NOTE: Your answer will not determine if you get accepted or not.)

7. How much sustained sobriety time do you currently have?

(Indicate in Months and/or Years)

8. Do you currently participate in a recovery program? If yes, which program? If no, what do you do to maintain your sobriety?

Educational Background

Highest Degree
earned:

Circle One

GED

High School Diploma

Some College

Associates Degree

Bachelors Degree

Masters Degree

Employment Information

- What is your current employment status?**
- Unemployed-Full Time Student
 - Unemployed- Seeking Employment
 - Employed- Part Time or Contract
 - Employed- Full Time
 - Employed- Student

- If Unemployed- Seeking Employment, is it due to the impact of COVID-19?**
- Yes
 - No

Place of employment:

Current Position/Title:

Program Placement Information

- Which areas of this program are you interested in?**
- Community Health Worker
 - Peer Support Specialist
 - Healthcare Information Technology Support
 - Microsoft Office Specialist Certificate

- Will you have computer and internet access for the full duration of the program?**
- Yes
 - No

Commitment

Do you consent to an initial drug screen as part of acceptance to this program with random drug screens throughout the duration of this program?

Disclaimer

By enrolling in this program you give Kentucky Rural Healthcare Information Organization permission to share your information with the U.S. Department of Labor and partners of the Workforce Opportunity for Rural Communities Project such as: Achieving Recovery Together, Appalachian KY Health Care Access Network, AppHarvest, Horizon Health, Kentucky Career Center, Northeast Kentucky Substance Use Response Coalition, Pathways, and St. Claire HealthCare.

Signature: By signing your name below, you certify all information is true and correct to the best of your knowledge.

Applicant's signature

Date

Applicant's printed name

Application Submission Checklist

- o Completed Application
- o Copy of Date of Birth documentation.
(Example: US Passport, Valid Driver's License/Permit, DD-214, Federal/State/Local Government ID Card).
- o If Military, copy of DD-214, Military Orders, or DD-215.
- o Copies of 3 Recovery Related References.
- o Submit application by:

Email: j.stephens@krhio.org

OR

Mail: KRHIO - WORC Program
344 Christy Creek Rd.
Morehead, KY 40351