

# Mental Health America of Virginia

## Recovery Education Application



### Application Requirements:

*Please note that your application will be considered incomplete if all required documentation is not received by the application deadline.*

#### **For CELT applicants:**

1. Complete program readiness self-assessment questions
2. Proof of Virginia residency and economic need *(for scholarship applicants only)*
3. Two references that can attest to the applicant's individual recovery and qualities in a group dynamic
4. Tuition payment of \$500 \*\*\**Limit of ten (10) scholarships available to low income VA residents*

#### **For Quest, Advocacy, Workforce Re-Entry and Pathfinders applicants:**

1. Complete program readiness self-assessment questions
2. Proof of Virginia residency and economic need *(for scholarship applicants only)*
3. Two references that can attest to the applicant's individual recovery and qualities in a group dynamic
4. Tuition payment of \$400 \*\*\**Limit of ten (10) scholarships available to low income VA residents*

Scan and send your completed application by email to: [iesha.hornes@mhav.org](mailto:iesha.hornes@mhav.org) fax to (804) 447-7786  
or mail to: MHAV Program Assistant 2008 Bremo Rd, Suite 101 Richmond, VA 23226

### **Program Readiness Self-Assessment**

Please assess your readiness to fully participate in one of our educational programs by answering the following questions:

**Yes    No**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Are you ready to travel on your own?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you comfortable sharing a room with someone you do not know?              |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have the stamina to participate in a full day of classroom activities? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you able to work collaboratively with others in small groups?             |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there any issues that would prevent you from learning at this time?       |



**2017 Recovery Education Retreat Schedule**

*Please check which program(s) you are applying for:*

**Advocacy—Montpelier/ Richmond**  
February 6-8, 2017

**Deadline: January 25, 2017**

**CELT—Salem**  
June 26-29, 2017

**Deadline: May 29, 2017**

**CELT—Harrisonburg**  
April 24-27, 2017

**Deadline: March 27, 2017**

**CELT—Spring Grove**  
September 11-14, 2017

**Deadline: August 14, 2017**

**References - REQUIRED FOR FIRST TIME APPLICANTS**

Please provide name and contact information for two people who can attest to your recovery and wellness to attend a Mental Health America of Virginia program. We will contact them with a short questionnaire form for them to complete. **FOR RETURNING APPLICANTS:** Mental Health America of Virginia reserves the right to contact any references on file at any time for returning applicants. If you wish to update your references we have on file, please use this space to do so.

Name of Reference #1	Email address for Reference #1
Name of Reference #2	Email address for Reference #2



## Personal Information

First Name:		Last Name:	
Address:		How did you hear about us?	
City:	State:	Zip:	
Email:		Preferred Method of Contact:	
Daytime Phone:	Evening/Cell Phone:		
<b>Emergency Contact Name:</b>		<b>Emergency Contact Phone #:</b>	
Have you attended an MHAV educational program in the past years? If yes, which one?			

## Background & Experience

1. Why are you interested in attending an educational program with Mental Health America of Virginia?
2. List two areas of your recovery you hope to work on through skills you develop and cultivate at an MHAV educational program.

3. What are your personal strengths that you bring to this educational experience?

4. Are you familiar with recovery principles, and if so, how have you put them into practice in your life?

5. Describe any opportunities you have had for self-advocacy and how you have used your own recovery to advocate for change.

**6. Please let us know about any physical limitations, dietary restrictions, and/or allergies.**

**Payment and Tuition:** *please check one*

- I am requesting a Full Scholarship (*requires proof of VA residency and economic need*)
- I will pay the full amount of tuition

**Scholarship Terms and Conditions**

Through the generosity of our donors, scholarships are available for Virginia residents who display economic need. Scholarship to a MHAV educational program includes tuition, lodging, meals and reimbursement of transportation expenses (one round-trip), if applicable. By accepting a scholarship, you are agreeing to attend and participate in the program to the fullest of your ability. **Recipients who are unable to attend must notify MHAV of the scholarship cancellation at least fourteen (14) days prior to the program start date. Cancellation within those fourteen (14) days forfeits your eligibility to apply for a MHAV program scholarship for one year.** Scholarships are limited to one per person per educational program type.

**If applying for a scholarship, you must provide Mental Health America of Virginia with proof of Virginia state residency and economic need.**

**Please answer ALL four (4) questions below if applying for a scholarship.**

**When submitting documentation, please black out your Social Security number if shown!**

**Do you currently reside in Virginia?**

Acceptable documents include: Driver’s license, DMV-issued ID, voter registration card, utility bill, etc.

- Yes, and I understand that I must submit proof of VA residency
- No

**Do you currently receive public assistance?**

Assistance include: SSI, Medicaid, Supplemental Nutrition Assistance Program (SNAP), etc.

- Yes, and I understand that I must submit official evidence of the benefit
- No

**My household income is at or below 150% of Federal Poverty Guidelines.**

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Eligibility/Downloads/2014-Federal-Poverty-level-charts.pdf>

- Yes, and I understand that I must submit official proof of income
- No

**I have a severe financial hardship.**

Examples include: Unemployment, excessive medical bills, etc.

- Yes, and I understand that I must submit proof of such hardship
- No



## TRANSPORTATION

Applicants are expected to arrange their own transportation to MHAV programs. MHAV is happy to help facilitate those arrangements when given advance notice. ***Please note that MHAV cannot guarantee availability of transportation.***

\_\_\_\_\_ I am taking public transportation.

\_\_\_\_\_ I am driving myself.

\_\_\_\_\_ I am travelling by clubhouse van.

## APPLICATION CHECKLIST

### Initial Application Deadline:

Have basic application sent in and received by MHAV **30 days before program** start date. Including:

- Contact Information
- References
- Dietary restrictions, allergies, physical limitations
- Completed answers to questions

### Final Application Deadline:

Have all required information sent and received by MHAV **21 days before program** start date. Including:

- Proof of residency
- Proof of income (SSI/SSDI, pay stub)
- Proof of public assistance (Medicaid, SNAP, TANF)
- Proof of financial hardship (excessive medical bills, unemployment, etc.)
- Reference questionnaires (Contact references to have them send in the questionnaires on time)

### Cancellation Deadline:

- Contact MHAV **14 days before the program** date to cancel or confirm attendance.

By signing my name below, I am stating that the information in this application is complete and accurate to the best of my knowledge, that I am able to fully participate in the program activities, and that I understand that this is essential for my acceptance into a Mental Health America of Virginia educational program.

I also, hereby, allow Mental Health America of Virginia to take my picture and use it for any marketing purposes if I attend any of Mental Health America of Virginia's programs.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date