

LANCASTER SCA SCHOLARSHIP APPLICATION

Applicant's Name: _____ Date of Birth: _____
Social Security Number: _____ Race: _____
MA ID Number if applicant has Medicaid: _____

Please check one:

- I am a resident of Lancaster County
 I am not a resident of Lancaster County

Substance Abuse Recovery House Scholarship Application

*The purpose of this scholarship is to assist individuals with an opioid use disorder from Lancaster County who require financial assistance to enter a recovery house as part of their journey toward greater independence and freedom from substance abuse. Completion of this application does not guarantee a Recovery House Scholarship. This Lancaster SCA scholarship program **has nothing to do with the CABHC Medicaid scholarships.***

Eligibility Requirements for this scholarship include:

1. Due to funding stream requirements, the scholarship funding can only be used by people in recovery from an opioid use disorder.
2. The applicant is being referred by a substance abuse professional from a licensed D&A IP facility (Rehab or Halfway House), the Lancaster County prison, or an SCA contracted Case Manager.
3. Applicant has been a resident of Lancaster County for no less than two (2) consecutive months immediately preceding the date of this application, excluding time incarcerated, hospitalized, or in a treatment facility.
4. Applicant agrees to engage with an embedded Case Manager and create a recovery plan.
5. Applicant is moving to a recovery house located in Lancaster County that is both licensed by the PA Dept. of Drug and Alcohol Programs (DDAP) and contracted with the Lancaster SCA Recovery House Scholarship Program.
6. When you apply, the Lancaster SCA office will determine if the applicant is eligible for a scholarship and how many nights the scholarship will pay for.

Requesting Scholarship To: (See list of eligible Lancaster based recovery houses)

Name of Recovery House: _____
Recovery House address: _____
City/Town: _____ State: _____ Zip Code: _____
Person the applicant spoke with at the Recovery House: _____ E-mail address: _____
Date the applicant is planning on moving into the house: _____

Professional Making Referral: (See #2 above)

Referring Professional's Name: _____
Referring agency: _____
Referring Professional's email: _____
Primary drug of choice of Applicant: _____ Secondary: _____
Referring Professional's Phone: _____ Fax: _____

Statement of Referring Professional (Please Complete and Sign):

I hereby certify that _____ requires financial support to secure recovery housing as part of his/her Recovery Plan and meets the eligibility requirements listed on page 1.

(Signature of Professional)

(Date)

Statement of Referred Applicant (Please complete and sign):

I, _____, certify that I currently do not have the financial resources to move into a Recovery House. I also certify that I have been a resident of Lancaster County for at least two (2) consecutive months prior to today’s date excluding any jail time, hospitalization and/or in a treatment facility. **I understand that this scholarship can only be used once in a lifetime.** I also understand that this scholarship will assist me in securing the Substance Abuse Recovery House resource appropriate to my Recovery Plan. I will use the assistance to the best of my ability to work toward my goals of:

- 1. _____
- 2. _____
- 3. _____

I agree to work toward these goals and to abide by the rules of the recovery house. I understand that data regarding my level of compliance with recommended treatment and the rules of the recovery house may be shared with the Lancaster SCA for their use in monitoring the outcomes of this scholarship project and that the Lancaster SCA will not release any identifying or confidential information regarding this scholarship without my consent. The Lancaster SCA may rescind this scholarship at any time for any reason, such as availability of funds and the applicant’s compliance with the terms of this scholarship.

(Signature of Applicant)

(Date)

Please e-mail the completed application to:

drugalcohol@lancastercountypa.gov

ATTN: Scholarship Application

This Section for Lancaster SCA Use Only

Application: Approved Rejected Due To: _____

Number of scholarship nights approved for funding: ____

(Signature of SCA Staff)

(Date)