

Lancaster SCA Recovery House Scholarship Program

Questionnaire

Dear House Manager or Case Manager

Please complete the following questionnaire. This information will help us evaluate the outcomes of the recovery house scholarship program.

Resident's Name: _____ **Date of Birth:** _____

Name of Recovery House: _____

Name of House Manager: _____

A. Resident:

- Continues to live here
- Was remanded to jail:
Date: _____
- Went to Inpatient treatment:
Date: _____
- Left Voluntarily/moved elsewhere: (please
Date: _____
- Was asked to leave on (date): _____
Reason: _____

B. Resident is:

- Currently Employed
- Unemployed- Looking for Work
- Unemployed- Not Looking for Work
- Attending School and/or Job Training
- Unable to Work (disability, SSI, etc.)
- Other

Other (please explain): _____

C. About Resident (please check all that apply):

- | | | |
|--|------------------------------|-----------------------------|
| Is/Was compliant with House and Program rules | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Participates/Participated in treatment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Remains/Remained free of alcohol and/or drug use during stay | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Participates/Participated in Recovery Support Groups* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- *(could include AA/NA, SMART Recovery, Women for Sobriety, etc.)

Complete the following if resident has moved out of your Recovery House:

D. To the best of my knowledge:

Resident moved from this Recovery House into stable housing Yes No Unknown

Person Completing Questionnaire

Date

Please e- mail completed form to:
drugalcohol@lancastercountypa.gov