

THE CHRIS ATWOOD FOUNDATION RECOVERY HOUSING GRANT APPLICATION

The Chris Atwood Foundation (CAF) is a 501(C)(3) non-profit organization founded in memory of Chris Atwood, who lost his battle with substance use disorder at the age of 21 due to a gap in recovery care. The CAF saves lives and supports recovery by providing access to safe and supportive recovery housing during transitions in care, re-entry, and other circumstances.

The CAF accepts housing applications in the Northern Virginia area which includes Alexandria and Arlington City, and the counties of Fairfax, Loudoun, and Prince William.

You **must** be accepted at a recovery residence before submitting your application. It will not be processed if there is missing or incomplete information.

The information collected below is 100% confidential and is used for internal data purposes only. Please be assured that your honest answers will not be a barrier to you receiving a CAF Recovery Housing Grant.

We want to help you as best we can, so answer with as much information as possible. Thank you.

We appreciate you.

APPLICATION TIPS

1 - Prior to applying, you must be accepted into a Oxford house/recovery residence. Applications submitted before acceptance will not be processed.

2 - Fill out the entire application, including valid contact information. We must be able to contact you throughout the application process.

3 - Complete an intake call with a CAF Peer Recovery Specialist. Funds will not be released until the intake questionnaire is complete.

4 - Watch your email. You will be notified by email when your application has been received, processed and approved.

Housing grants usually take 3-4 business days to process and are awarded on a first come, first serve basis.

If you have any questions, please contact Jenny Hagerup, CAF Housing Coordinator 571-599-4406, or email her: jenny@thecaf.org

Thank You. We look forward to getting to know you!

* Required

1. First name? *

2. Last name? *

3. What is your current address? *

4. What is your PRIMARY/PERSONAL email address, outside of treatment? *

5. What is your PERSONAL/PRIMARY phone number, outside of treatment? (include area code) *

6. Name of Oxford house or recovery residence that you have been accepted into? (NOTE: *
Acceptance into recovery residence is required prior to submitting application)

7. Address of recovery residence. (include street address, city, state and zip code) *

8. County of recovery residence. *

9. Gender: *

Mark only one oval.

- Male
- Female
- Prefer not to say
- Other: _____

10. Race? *

Mark only one oval.

- Black or African American
- White/ Caucasian
- Hispanic
- Asian
- American Indian/ Native American/ Alaskan Native
- Native Hawaiian or Pacific Islander
- Prefer not to answer
- Other: _____

11. Are you currently or have you recently been in a Fairfax County Community Services Board *
(CSB) treatment program?

Mark only one oval.

- Yes
- No

12. Have you been incarcerated or justice involved in the past 6 months? *

Mark only one oval.

Yes

No

13. If yes to question above, please indicate which county. If no, type "no." *

14. **A Peer Recovery Specialist will be reaching out to you to complete an intake questionnaire * to complete the application process. You must complete the intake questionnaire to receive a housing grant from the CAF.**

If you have a **SECONDARY** contact number, please provide below. This would apply to a treatment center, if you are currently incarcerated or a have case manager.

By typing your full name, you declare:

A - That the information provided above is true and accurate.

B - You consent to receive services from The Chris Atwood Foundation.

C - You consent for The Chris Atwood Foundation to communicate with recovery residences on your behalf.

15. Please type your full name. *
