



The Chris Atwood Foundation is a 501(c)(3) nonprofit organization founded in memory of Chris Atwood, who lost his battle with heroin addiction at the age of 21. He had just finished treatment and was in the process of applying for residence at an Oxford House when he relapsed. Moving back into the same circumstances that he was in before treatment was a trigger for him, and due to his decreased tolerance after 30 days of abstinence, the relapse proved to be fatal. *This is not an uncommon occurrence.*

This is why we believe that a seamless transition from one level of support to the next is vital to successful long term recovery. To encourage this, we grant funds to cover the initial move-in fees for approved applicants. We hope that Christopher's memory and legacy will encourage and aid you on your path to a full life in recovery.

**\*\*Please completely fill out the application. Email to [admin@thecaf.org](mailto:admin@thecaf.org) or fax to 866-317-8334\*\***

<b>2020 RECOVERY HOUSING GRANT APPLICATION</b>			
<b>APPLICANT INFORMATION</b>			
Name:		Gender: Race:	
Date of birth:	Phone:	Alternate Phone:	
Current address:		Email:	
City:	State:	ZIP Code:	
<b>EMPLOYMENT INFORMATION</b>			
Current Employer:			
Phone Number of Employer:		Annual Income:	
<b>CURRENT SUBSTANCE USE DISORDER TREATMENT OR SERVICES</b>			
Provider/ Services (please list <b>all</b> ):			
City:	State:	Phone:	
Reason for Treatment:		Discharge Date:	
<b>Are you currently a client of the Fairfax/Falls Church Community Services Board?</b>			
*A criminal record is <b>NOT</b> a barrier to receiving a grant from The CAF!*		<b>JUSTICE INVOLVEMENT</b>	
Have you been incarcerated within the last 12 months? If so, in what county?			
Month and year of your release:			
Are you on or will you be on supervised probation? If so, in what county?			

**SUBSTANCE USE**

Please list **all** the substances you use or have used:

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**STATEMENT OF INTENT**

1. What is your short-term and long-term recovery plan?

2. What is your plan to become self-sufficient and continue to pay rent after you move into the house?

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**STATEMENT OF INTENT**

3. Are you currently accepted into an Oxford House or other recovery home? If so, please include (1) the name and address of the house (2) the amount you need to move in (3) the name of and contact information for the house president or treasurer.

4. Please tell us a little about your current situation and why you require financial assistance:



**STATEMENT OF INTENT**

5. What do you believe is the key to sustaining long-term recovery in your life?

6. Are you part of a recovery community or do you share your recovery in other ways? If so, please describe:

7. Are you okay with one of our peer specialists contacting you after you move into your recovery home (within 7 days) to offer you help with one or more of the services listed on the next page? (If so please, make sure to fill in your contact info)

**CIRCLE ONE BELOW:**

**YES**                      **NO**

8. Do you want or need an opioid overdose reversal kit (naloxone)? Remember, it's not for you, it could be for your housemates, friends, or family. You never know when you may need it. **You could save a life!**

**CIRCLE ONE BELOW:**

**YES**                      **NO**

**SIGNATURE**

**I hereby declare that the above information is true and accurate:**

Signature of applicant:

Date:



## Learn about our Revive 2 Thrive Program!

**We meet you where you are!**

The Chris Atwood Foundation also provides a full spectrum of services across all stages of substance use disorder, from active addiction to long-term recovery. **Our Certified Peer Support Specialists will be able to walk you through each of the steps below if appropriate for your needs and desires.**

The services we offer (if qualified):

- Overdose prevention: **free** naloxone kits and training
- Harm reduction counseling on avoiding blood-borne diseases/ overdose and safer use practices • Disease testing through our partnership with Nova Salud
- Relapse prevention and recovery support - individual or group meetings for one year with a peer specialist
- Medication Assisted Treatment (MAT): assistance with assessment and induction on medication • Resource navigation - warm hand-offs and referrals to other resources
- Follow up care - monthly check-ins (in year two) with a peer specialist
- Transportation to appointments and services
- Substance Use Disorder or Mental Health treatment referrals with warm hand-offs and enrollment support
- Health insurance navigation to Medicaid, ACA, SSI, etc.
- SNAP or food pantry resources
- Housing aid: funding for a nonrefundable move-in fee and first two weeks of rent in a recovery residence
- Resources for other organizations that provide housing assistance
- Employment: assistance in job search, resume building, transportation services, and resources • Help with securing legal identification documents, such as: Driver license, SS card, Birth Certificate • Help with restoration of rights post incarceration

**If you live in Virginia and need help with one or more of the services listed above, please contact Sonya DeVecchio at:**

**703-662-8689**

**[sonya@thecaf.org](mailto:sonya@thecaf.org)**

**YOU  
MATTER.**