

Name: _____ Date: _____

Phone Number: _____ Email: _____

Personal Statement:

- How you will use lived experience to benefit others through a peer relationship.
- Your commitment to the recovery process, including information establishing a continued recovery for a year or longer; or
- Your commitment to your family member's recovery process, including information establishing a period of recovery support for a year or longer.

I certify that I have given true, accurate, and complete information on this form to the best of my knowledge regarding the applicant.

Electronic Signature: _____ Date: _____