



Ready Now Recovery is a faith-based community support group program. We are glad you have decided to take this step in addressing life-controlling issues. Please fill out the form and turn into the facilitator. This document and its contents will be kept confidential.

## Participant Registration

First Name:

Last Name:

Mailing/Street Address:

City:

State:

Zip:

Cell Number:

Email:

Emergency contact:

Relationship to participant:

Do you give permission for the RNR facilitator to disclose pertinent information to your emergency contact in case of an emergency?

List your substance use and give the date you last used.

Substance

Date

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We ask that you make a commitment to sobriety while attending groups. If you are unable to do so, please contact the facilitator for referrals to extended care options.

List any other life-controlling issue you would like to begin addressing.

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Are you currently in drug/intervention court?

Will you require documentation for attending Ready Now Recovery groups?

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date