



Ready for My Recovery Attestation Form

This form is confidential.

This form is to be completed ONLY by individuals that have been enrolled in the Ready for My Recovery program and have completed 12+ months of continuous recovery.

Congratulations on completing 12 months of recovery engagement! This attestation form is to be completed for every six additional months thereafter that you have engaged in continuous recovery services and/or recovery activities listed below. Completing the form allows you to keep earning My Health Pays® rewards as you continue your recovery.**

Member Information

***Required Field**

Today's Date: (mmddyyyy)

Your First Name:*

Your Birth Date:* (mmddyyyy)

Your Last Name:*

Mailing Address:

City:

State:

Zip Code:

Home Phone: - -

Cell Phone: - -

Email:

Best day/time to reach you? _____

I hereby attest to my six months of engagement in one of the following recovery efforts:

Peer Recovery support services

Enrolled and engaged with Job Launch or similar program

Recovery Support services

Recreational Recovery Activity Engagement: _____

12-Step Program

Smart Recovery

Other Recovery Support Engagement Activity: _____

Refuge Recovery Program

Recovery-friendly workplace employment

The above recovery effort took place from (mmddyyyy) to (mmddyyyy)

Signature: _____

If you need immediate assistance with substance use, please call 2-1-1.

Complete this form and mail to:
NH Healthy Families, 2 Executive Park Drive, Bedford, NH 03110-9983

Note: Tobacco/nicotine use are not included as part of this program.

****Some restrictions and limitations apply. Each member can earn up to \$250 in cash and non-cash goods and services through June 30 each year.**