



Ready for My Recovery Form

This form is confidential.



Before submitting this form, you must complete your Health Risk Assessment Screening available online at NHhealthyfamilies.com in order to be eligible for the Ready for My Recovery rewards program. Submit your completed form and receive a My Recovery Journey backpack** filled with items and resources to support you in your recovery from substance misuse.**

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? _____

Have you recently used substances but are ready to take the first step in your recovery? Yes No

**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.**