



# 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](http://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 (excluding tobacco/nicotine use).

How did you find out about this program? If a provider, please name:

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### 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 (other than tobacco/nicotine) 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 email to [R4R@centene.com](mailto:R4R@centene.com) or 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.**