

**State of Connecticut
Department of Mental Health and Addiction Services
CT BLOCK GRANT RECOVERY PROGRAM**

Administrative Services Organization:
Advanced Behavioral Health, Inc.
P.O. Box 735, Middletown, CT 06457
PHONE: 1-800-658-4472 FAX: 1-866-249-8766

SUPPORTED RECOVERY HOUSING SERVICES -
APPLICATION FOR **CT BLOCK GRANT RECOVERY PROGRAM** FUNDING

Client Name: _____
DOB: _____ Gender: Male Female
Social Security Number: _____
SRHS Provider Name: _____
Requested Location: _____
Requested Start Date: _____

CT BLOCK GRANT RECOVERY PROGRAM funds are available for clients with a substance use disorder, who are in need of sober housing, and are not eligible for the BHRP-Basic Needs program.

Applications for clients with active Husky D insurance, who are currently attending behavioral health treatment services and who are not receiving state or federal cash assistance should be submitted to BHRP-B.

By submitting this request for SRHS funding, provider and client attest that this individual meets all eligibility criteria as noted above.

Applicant has a substance use disorder Yes or No
Applicant is participating in SA treatment Yes or No
Applicant is participating in 12-step or other recovery services Yes or No

Provider Name: _____
Signature: _____ Date: _____
Client Name: _____
Signature: _____ Date: _____

**Please fax this completed form and Release of Information
to ABH at 1-866-249-8766.**

If there are questions contact BHRP-Basic Needs staff at 1-800-658-4472.