

**State of Connecticut
Department of Mental Health and Addiction Services
State Opioid Response (SOR) Grant**

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 **SOR** FUNDING
(TO BE COMPLETED BY SRHS PROVIDERS ONLY)

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

SOR funds are available for clients with a primary diagnosis of opioid 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, with no state or federal cash assistance, and who are currently attending behavioral health treatment services 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 primary diagnosis of opioid use disorder Yes or No
Applicant is a LEAD referral 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 any questions contact BHRP – Basic staff at 1-800-658-4472.