

CRSS Success Program Application Form

This form is designed to gather required information and to assess program eligibility.

Directions: This is a fillable form. To enter information/answers, click on the box and/or start typing.

Section 1: Personal Information				
First Name		Last Name		
Address				
City		State		ZIP Code
Phone		Email		

Section 2: Program Eligibility Information	
Are you 18 years or older?	Yes No
Do you identify as a person in recovery from mental health, substance use, or cooccurring mental health and/or substance use challenges?	Yes No
If yes, in 350 words or less describe below your lived experience with mental health and/or substance use recovery?	
Are you comfortable using your lived experience to assist others?	Yes No
Have you completed a high school diploma or GED?	Yes No

Section 3: Participation Requirements	
Are you able to commit to the full duration of the program, including a minimum of 125 hours of classroom learning and 300 hours of internship?	Yes No
If no, in 350 words or less please explain below any scheduling conflicts or concerns?	
Do you have reliable transportation to attend in-person classroom sessions and internships?	Yes No
If no, would you like to request transportation support?	Yes No
Do you require any additional support, such as childcare, financial aid, or disability accommodations?	Yes No
If yes, in 350 words of less please specify below:	

Section 4: Supporting Documents & Course Schedule

Please include the following with your application	Proof of high school diploma or GED I need additional time to access the above documentation.
Choose the course schedule you would like to enroll in	Winter Schedule (11/18/24 to 2/21/25) Spring Schedule (3/3/25 to 5/28/25)

Equal Opportunity: The CRSS success program is committed to providing equal opportunity to all applicants, regardless of race, gender, disability, sexual orientation, religion, or socio-economic background. All applicants will be evaluated solely on their qualifications, lived experience, and commitment to recovery support.

By signing below, I certify that the information provided is accurate and that I am committed to participating in the Certified Recovery Support Specialist (CRSS) Training Program. I understand that my application does not guarantee acceptance into the program, and that I will be contacted regarding the next steps if selected.

Signature		Date	
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Submission Directions:

Please submit your completed application and supporting documents via email to caranas@envisionunlimited.org or print and mail to the following address:

Envision Unlimited
Attn: CRSS Director
4419 N. Ravenswood
Chicago, IL 60640

Sealed application and supporting documents can also be dropped off in person at the following address:

Envision Unlimited
Attn: CRSS Director
4419 N. Ravenswood
Chicago, IL 60640

Everest Drop-In Center
Attn: CRSS Director
9648 S. Pulaski Rd.
Oak Lawn, IL 60453

For any questions or concerns, please contact our program director at the information below:

Catherine Aranas
Phone: 773.506.3229
Email: caranas@envisionunlimited.org