



Ready for My Recovery Form

This form is confidential.

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:

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 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.**