

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

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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.