# Wellness Recovery Action Plan (WRAP) Workshop Application

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Section 1: Program Requirements

To participate in Wellness Recovery Action Plan (WRAP) workshop at no cost, you will be asked to work with a Certified Peer Support Specialist to register and complete an Arizona Self-Sufficiency Matrix prior to the start of your workshop session. This short assessment is used to assess the effectiveness of our program. Components of the Arizona Self-Sufficiency Matrix include areas such as income, employment, housing, health care, mental health and substance abuse, and community involvement. You will also be asked to work with your Certified Peer Support Specialist to complete the assessment 90 days after your WRAP workshop’s completion.

I agree to work with a Peer Support Specialist to complete this assessment prior to the WRAP workshop and 90 days following the workshop’s completion. Should my contact information change, I will notify my Peer Support Specialist.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Section 2: Short Answer

The following short essay questions are intended to assess your own recovery experience in addition to your basic skill set and experiences in navigating recovery and working with peers.

1. WRAP® group participants create a personalized recovery system of wellness tools and action plans to achieve a self-directed wellness vision despite life’s daily challenges. What type of recovery would you like to apply your WRAP to? (i.e. substance use, mental health, addiction)

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1. Why do you want to attend WRAP training?

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1. Have you had any personal experience with WRAP? If so, what experience have you had? If not, what do you know about WRAP?

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