



MISSISSIPPI STATE
UNIVERSITY™

COLLEGIATE
RECOVERY COMMUNITY

**CRC PROGRAM GOALS, STUDENT REQUIREMENTS
& EXPECTATIONS, HONOR STATEMENT,
SCHOLARSHIP AGREEMENT FORM, PHOTO
RELEASE FORM, REFERRAL TO DSS FORM, AND
PARENT INFORMATION PACKET**



MISSISSIPPI STATE UNIVERSITY™

COLLEGIATE RECOVERY COMMUNITY

PARTICIPANT AND PROGRAM GOALS

The University Health Services Collegiate Recovery Community (CRC) is a voluntary program offered by Mississippi State University to support students in recovery achieve their higher education. Acceptance into the CRC is independent from admission to Mississippi State University, i.e. admission to or continued acceptance into Mississippi State University is not contingent upon, nor does it guarantee, admission to or continued acceptance into the CRC. Conversely, individuals must be current students at Mississippi State University to remain in the CRC.

By choosing to participate in the CRC, students recognize the support provided by this program is essential to the student's efforts to sustain recovery while undertaking academic challenges. Expectations are geared to help enhance a student's ability to maintain recovery, achieve academic success, complete degree requirements, and continue to develop as an individual and leader.

The Faculty and Staff of the CRC work hand-in-hand with students to ensure the overall safety and culture of our program. Failure to comply with the program's requirements and expectations, and any other behavior or attitude deemed inappropriate or disruptive to the community may result in sanctions, including expulsion from the program. The CRC reserves the discretion to revise, amend, or change the following requirements and expectations at any time without notice in accordance with the best interests of Mississippi State University, University Health Services, and the Collegiate Recovery Community.

CRC students are required to:

1. Attend all mandatory meetings, events, and activities such as Seminar on Monday nights from 6:00 PM to 7:00 PM, and Recovery Night on the second and fourth Thursday's of the month from 7:00 PM to 8:00 PM.
2. Attend at least two anonymous meetings per week outside of Seminar and Recovery Night. Supporting the meetings held at the House is highly encouraged but not required.
3. Attend sober home tailgates as much as possible not only to ensure a good turn-out but also to ensure that we can serve as a resource on campus for those who may not be in recovery but wish to remain sober at a tailgate.
4. Attend classes, turn in all assignments when due, and attend meetings with an Academic Advisor. Attendance means to be on time, to be attentive and respectful, and to stay the entire meeting or class unless medical conditions make it impossible.

5. Not use or possess mood-altering substances (either on or off-campus) not directly prescribed to the student by a physician. Mood-altering substances include any compound, mixture, or substance containing any of the following, regardless of purity:
 - Any drug paraphernalia, which may reflect old behavior and lack of willingness to maintain sustained recovery.
 - Alcohol, including distilled spirits, wine, malt beverages and intoxicating liquors;
 - Marijuana; cocaine, in whatever form;
 - Narcotic drugs, including opium, opiates, codeine and morphine;
 - Controlled stimulants, including amphetamine and methamphetamine;
 - Controlled depressants, including amobarbital and pentobarbital;
 - Over the counter diet pills and herbal supplements;
 - Synthetic “legal” drugs (i.e. K2, spice, spark, bath salts, xannies etc.);
 - Anabolic steroids, stimulants (i.e. oxy cut, nitro tech) which have been major precursors for relapse;
 - Any hallucinogenic substances; and/or
 - Any preparation, which is chemically equivalent or identical with any of the previously listed substances; any preparation that is equivalent with or identical to any of the previously listed substances in its effect and potential for abuse.

In addition to the requirements set forth above, CRC students are expected to:

1. Develop a strong, honest relationship with a sponsor.
2. Adhere to the principles of good recovery including a legacy of honesty, of open-mindedness, of willingness, and of service. Students must practice these principles in all of their affairs.
3. Treat others respectfully and use proper boundaries in honoring the privacy and confidentiality of others.
4. Treat the center’s space with respect such as not abusing furniture or recreation room equipment and picking up after one’s self.
5. Be careful and prudent regarding language that is either too colorful or inappropriate when at the center or sponsored events, meetings, or activities. The CRC is a safe and welcoming place for students and staff alike and it is expected that students and staff will act accordingly. There will be absolutely no marginalization, discrimination, slander, pejoratives or any other hurtful language or actions used towards any diversity that we may encounter. This is not to suppress your voice or your opinion. We encourage the freedom of expression, but ask that it be done in a respectful manner towards all.
6. Support other students and hold them accountable to the policies, requirements, and expectations of the program.
7. Contribute to maintaining a positive sense of community within and outside the center because a student’s behavior on and off-campus is a reflection of the program.
8. Conduct day-to-day activities with honesty, integrity, leadership, and character.
9. Refrain from engaging in illegal activities.

10. Take responsibility for his or her mental, physical, and sexual health. Students are to be mindful of others' sexual health including refraining from abusing the sexuality of others such as sexual harassment, sexual assault, and violence.
11. Not be involved in the access of alcohol to minors, be it sales, possession, or distribution.
12. Not assist in the relapse of an individual known to be chemically dependent, an alcoholic, or addicted to other behaviors/process addictions.
13. Not be involved in any transaction in which illegal drugs change possession.
14. Take responsibility for his or her own recovery. The student is responsible for securing and keeping appointments, and for maintaining ongoing mental health care relationships with psychologists, therapists, or psychiatrists when therapy and medication have been recommended as part of his or her recovery plan.
15. Not enable others in the program to use or engage in addictive behaviors. Students are expected to not assist, enable, or encourage another student to use. Students are also expected to not assist by action or inaction when another student tries to conceal his or her use or addictive behavior. When another student is suspected of relapse, students are expected to:
 - ☞ **First, speak directly to the other student encouraging them to disclose his or her relapse to the center's faculty and staff.**
 - ☞ **Second, contact the Coordinator of the program to notify him that another student has relapsed.**
 - ☞ **Third, understand that failure to report a student who is suspected of using a mood-altering substance or who is using a mood-altering substance or who is engaging in a behavioral addiction will result in the informed student being subject to sanctions as determined by the center's faculty and staff.**
16. In the event of a relapse or any behavior classified as a relapse a student will immediately lose all privileges provided by the CRC i.e. scholarship, computer access, event programming tailored for scholarship students, and Seminar programming. Students who return to addictive behavior will be classified as having a 'suspended' status, however are highly encouraged to attend Recovery Night, anonymous meetings, and sober tailgates. Students and staff alike will do everything in our power to help a student regain sustained recovery. Once six months of continuous recovery is achieved a student will be eligible for re-application to the Collegiate Recovery Community.
17. Disclose his or her status as a person in recovery at his or her first meeting with any physician.
18. Remain medication compliant, following doctor's orders as prescribed.

As a Mississippi State University student I will conduct myself with honor and integrity at all times. I will not lie, cheat, or steal, nor will I accept the actions of those who do.

I have read and understand the University Health System's Collegiate Recovery Community's Requirements and Expectations and I agree to be bound by them.

Signature: _____

Date: _____

Printed Name: _____



MISSISSIPPI STATE UNIVERSITY™
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COMMUNITY

HONOR STATEMENT

As a member of the Collegiate Recovery Community, I understand that I am representing the *entire* Mississippi State University Collegiate Recovery Community. I understand that I may be the only example of recovery that some people ever see. I understand that the way that I conduct myself **personally, academically, and professionally** will always reflect on the soundness and the integrity of the Collegiate Recovery Community. I understand that in order to retain my membership throughout my college career I must maintain continuous recovery, without relapse and comply with the requirements of the CRC. By signing this honor statement I accept the privilege of being a member of MSU's Collegiate Recovery Community, which means that I will **conduct myself with integrity** so as not to interfere with, but instead be helpful, in advancing quality service and recovery among Mississippi State University students, students in the greater Starkville community, and in any place I might travel during my tenure with the Collegiate Recovery Community.

By signing below I agree with the above statements and to comply with the spirit of the Collegiate Recovery Community honor statement while as a member of the Community and to comply with the requirements of the CRC. *I understand that the Coordinator has the ultimate authority to execute the procedures and policies that the Collegiate Recovery Community and Mississippi State University have agreed upon.* I also understand that if I cannot comply with the requirements listed above, then I may no longer receive services from the Collegiate Recovery Community (CRC).

Student's Signature: _____

Student's Printed Name: _____ **Date:** _____

Witness Signature: _____

Witness's Printed Name: _____ **Date:** _____



MISSISSIPPI STATE UNIVERSITY™

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INCENTIVE BASED SCHOLARSHIP AGREEMENT FORM

The University Health Services Collegiate Recovery Community (CRC) is a voluntary program offered by Mississippi State University to support students in recovery achieving their higher education. Being such, one of the privileges of being accepted as a member into the Collegiate Recovery Community is an incentive based scholarship system. Scholarships are awarded on a semester by semester basis and vary from year to year depending on the kinds of donations that are collected and the budgetary actions that are taken in order to ensure the success of students in their academics.

That being said receiving a scholarship that aids in personal academic success is a privilege and not a right. In order to maintain your scholarship you must adhere to the following: continued and sustained recovery without relapse, a minimum 2.5 GPA per semester, attendance to Seminar on Monday nights at 6:00 PM, and Recovery Night on the second and fourth Thursday's of the month at 7:00 PM. These are the bare minimum requirements. You will not automatically lose your scholarship if you miss more than two of these required events however it is expected that if you are absent from them that the reason be legitimate i.e. medical emergency, family emergency, or anything else the Coordinator may deem necessary and appropriate. It is also expected that if you are going to be absent that you notify the Coordinator immediately to ensure that the lines of communication within our Community remain open. It is the Faculty and Staff's utmost goal to provide the most that we can for our students. Students who display dedication, leadership, and support within the Community will be awarded higher scholarship amounts for their perseverance. These actions include but are not limited to: exemplary academic success, dedication to service within our student organization MSSAS and the greater Starkville area, overall time spent at the House, support provided to other CRC students, and attendance at extra programming i.e. Sober Tailgates, Special Events, etc. If you do the bare minimum you will receive the bare minimum amount when it comes to scholarship designations. If you go above and beyond for the Community, the Faculty and Staff will go above and beyond for you.

By signing below I understand and am in agreeance with the incentive based scholarship system. I understand that the Coordinator along with other Health Promotion Faculty and Staff have ultimate authority when it comes to deciding scholarship amounts for all students, and will act in such a manner according and justly in the case of each student in order to ensure fairness and equality for all scholarship students. I understand that by agreeing to the parameters set forth above that all decisions regarding the incentive based scholarship system will be on a case by case basis and with the student's best interests in mind. I understand that the CRC reserves the right to retract my scholarship at any point throughout the semester if I withdrawal from the Collegiate Recovery Community or discontinue communication with the CRC. The CRC reserves the discretion to revise, amend, or change the following requirements and expectations at any time without notice in accordance with the best interests of Mississippi State University,

University Health Services, and the Collegiate Recovery Community. I also understand that if I cannot comply with the bare minimum requirements listed above, then my scholarship amount the next semester may be reduced or I may no longer receive a scholarship from the Collegiate Recovery Community (CRC).

Signature: _____

Date: _____

Printed Name: _____



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PHOTO RELEASE FORM

All photographers taking photographs on Mississippi State University property or of Mississippi State University events must obtain a signed release form from any student, faculty member, staff person, or member of the public who is visibly recognizable in the photograph.

These rules govern photographs intended for use in any University publication of a marketing or a public relations nature, such as newsletters, brochures, viewbooks, promotional items, or other such material. Releases also must be obtained for photographs used on the Web. These rules are not in effect when photographs are taken of news events, but photographs taken for news purposes require a release for reuse in marketing materials.

I hereby grant the Collegiate Recovery Community (CRC) which is under the Department of Health Education and Wellness permission to use my likeness in photograph(s)/video in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by the CRC and Health Promotion and Wellness, in perpetuity, and for other use by the University. I will make no monetary or other claim against the CRC or Department of Health Promotion and Wellness for the use of the photograph(s)/video(s).

I agree to release and hold harmless the CRC and Department of Health Promotion and Wellness via electronic or media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any re-use, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in production of the finished product. I understand that any photo(s)/video(s) of myself released on behalf of the Collegiate Recovery Community is in no way intended to be malicious or harmful, but will be used solely towards the progression and successful growth of the CRC program. I also hereby agree and understand that my own personal anonymity within my respective anonymous fellowship will always be protected by the Collegiate Recovery Community. Photo(s)/video(s) released by the CRC in no way affiliates or associates myself with my own personal anonymous fellowship thereby protecting my identity at the level of press, radio, and films. Photo(s)/video(s) released by the Collegiate Recovery Community simply make the statement that, "in some form or fashion I am in recovery/ a recovering person and I have been able to achieve academic success due to that and the efforts of the CRC."

Signature: _____

Date: _____

Printed Name: _____



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REFERRAL TO DISABILITY SUPPORT SERVICES (DSS)

Members of the Collegiate Recovery Community commonly qualify for extra support and resources through Disability Support Services (DSS). The Office of Disability Support Services offers a wide array of services to students with disabilities including but not limited to: accommodated testing, extended test-time, priority registration, tutoring services, time and stress management coaching, access to lecture notes, front row seating, use of a recording device etc. As a person in recovery you may very well be eligible for these accommodations, as well as other accommodations that are tailored to you in order to give you the best chance possible for academic success at MSU. If you have not already made a connection with DSS please take the following steps to do so:

1. Fill out an application by logging into your MyState account, click on the “Banner” tab, and then click on “Disability Support Services Application” under the “Academic Records” section of the page.
2. Provide Disability Support Services with documentation of your disability. See <http://www.policies.msstate.edu/policypdfs/91122.pdf> regarding policies for students with disabilities.
3. Contact Disability Support Services at (662) 325-3335 to schedule an intake session.

In regard to Step 2 you will need to provide the necessary documentation that you are in recovery. Please refer to the attached list of resources to schedule an appointment so that you may provide DSS with the necessary documentation regarding your status as a person in long-term, sustained recovery as well as recommendations on how they can best support you during your time at MSU.

Your success, both academic as well as in your recovery, is very important to us at MSU. As such, Disability Support Services is an invaluable ally in helping to ensure that you have the support you need to meet your maximum potential.

By signing below I understand that as a person in recovery it is strongly recommended that I be tested and meet with Disability Support Services in order to determine whether there may be accommodations or services available to help ensure my success at MSU. Furthermore, I understand that I may forego this process, yet it may affect my academic success, connectedness on campus, and scholarship allotment. By signing I also agree to stay in frequent communication with the CRC Program Coordinator about above stated processes so the Program Coordinator can best aid me in my scholastic experience at Mississippi State University.

Signature: _____

Date: _____

Printed Name: _____

SSS REFERRAL LIST

For testing and evaluation of Learning Disability, Attention Deficit Disorder (ADD), Attention Deficit/Hyperactivity Disorder (AD/HD) or a Psychiatric/Psychological Disability

Please note that the MSU Counseling Center, 103 Lee Hall, can provide a free screening to an enrolled student prior to the decision for full evaluation and testing.

Professional	Professional Designation	City, State	Telephone	Mail
MSU Psychology Clinic Dr. Cliff McKinney	Psychologist	Miss State, MS	662.325.0270	
Dr. John Fontaine	Licensed Psychologist	Jackson, MS	601.982.8700	cbpfontaine@aol.com
Dr. Carlen Henington	Licensed School Psychologist	Starkville, MS	662.325.7099	cdh@colled.msstate.edu
Dr. James Lane	Licensed Psychologist	Columbus, MS	662.329.0114	116 Lawrence Dr., 39702
Dr. Stephen Obringer	Licensed School Psychologist	Starkville, MS	662.323.9222	sjol@ra.msstate.edu
Dr. Diane Parker	Licensed Psychologist	Germantown, TN	901.754.1838	
MSU School Psychology Services Center	Psychologist	Miss State, MS	662.325.2568	
Dr. Debbie K. Wells*	Licensed Professional Counselor	Columbus, MS	662.327.5600	dwells@mscounselingassociates.com
Sheehan Counseling Center, PA	Psychiatrist/Licensed Professional Counselors	Tupelo, MS	662.844.4364	1040 S. Madison, 38801
Dr. Jared Keeley	Psychologist	Starkville, MS	662-325-4799	Jk59@msstate.edu

NOTE: This list is simply a referral source list and does NOT imply endorsement by the MSU Counseling Center, Disability Support Services or Mississippi State University. This list is provided only as resource, documentation **MUST** meet **Student Affairs OP 91.130: Guidelines**

for Documentation of Students with a Learning Disability, Attention Deficit Disorder (ADD) or Attention Deficit/Hyperactivity Disorder (AD/HD), or a Psychiatric/Psychological Disability. (See web site- <http://www.msstate.edu/dept/audit/91130.html>). After thorough review of documentation, eligibility of disability status will be determined.

*Testing and Evaluation for ADD, AD/HD only

Current as of 6/19/2013



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PARENT INFORMATION

Information gathered regarding your parents personal information will not be shared with any entities outside of the Collegiate Recovery Community within the Health Promotion and Wellness office of Mississippi State University. It will only be used to invite parents to CRC related events. Maintaining your confidentiality and the confidentiality of your parents is of utmost importance to the Faculty and Staff when it comes to collecting information of this nature. When applicable formal invitations will be mailed to your parent's street address(es). If below information changes, please make appropriate amendments with the Coordinator.

Father's Information

Name: _____
Last First MI

Street Address: _____

City, State, ZIP: _____

Work Phone: _____ **Cell Phone:** _____

E-Mail: _____

Preferred Method of Contact: E-Mail Phone

Mother's Information

Name: _____
Last First MI

Street Address same as Father's? Yes No **If no, please provide address below**

Street Address: _____

City, State, ZIP: _____

Work Phone: _____ **Cell Phone:** _____

E-Mail: _____

Preferred Method of Contact: E-Mail Phone