

UNITE Hope Wall Application Form

Yes, I would like to be included on the UNITE Hope Wall to share my story of recovery!

First Name _____ Last Name _____

Phone Number _____ Email Address _____

Please submit the following information to Dale Morton at dmorton@centertech.com:

- A good quality color photo of yourself (200 dpi). For best results, please submit a 5"x7" or larger jpeg or pdf version of the photo as an electronic attachment to the email. Minimum acceptable size is a 2"x3" wallet.
- Your age of first-time drug use.
- Your actual date of sobriety (month, day and year). **(Must be 18 months in recovery.)**
- A one or two sentence statement about what sobriety means to you.

___ I am submitting as an individual (please read and sign below)

I have chosen to provide a photograph, or to be photographed, in order to share my experience and knowledge with the public. I have voluntarily chosen to provide my name, date of first-time use, date of sobriety, and a 1-2 sentence statement about what sobriety means to me for use as part of Operation UNITE's Hope Wall display. I understand that volunteering this information will reveal the fact that I am or have been in treatment for substance abuse. I may request removal from the wall at any time. I release Operation UNITE from any liability for my disclosures.

Applicant's Signature

Date

___ I am a participant in a Kentucky Drug Court Program (please read and sign below)

As a participant in the _____ County Drug Court Program, I have chosen to provide a photograph, or to be photographed, in order to share my experience and knowledge about Drug Court with the public. I have chosen to provide my name, date of first-time use, date of sobriety, and a 1-2 sentence statement about what sobriety means to me. I understand that I am not required to be photographed or to release my photograph or any of the information above, but have voluntarily chosen to do so. Permitting or not permitting my photograph to be taken and/or released, and the information above to be released, will not affect my status in Drug Court positively or negatively.

I understand that information about my alcohol and/or drug treatment is protected under the federal regulations governing Confidentiality and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. Parts 160 & 164, and cannot be disclosed by Drug Court without my written consent unless otherwise provided for by the regulations. I understand that volunteering will identify me as a participant in the Drug Court program, and as such reveal the fact that I am or have been in treatment for substance abuse.

I understand that by signing this form I am agreeing to permit my photograph, name, date of first-time use, date of sobriety, and a 1-2 sentence statement about what sobriety means to me to be disclosed to the public as part of Operation UNITE's Hope Wall display. I may request removal from the wall at any time. I release Drug Court and the Administrative Offices of the Courts from any liability for my disclosures.

Participant's Signature

Date

Drug Court Contact

Drug Court Phone Number