



PATHWAYS TO RECOVERY

“NO MATTER THE PATHWAY, NO MATTER THE STORY, THE STRENGTH AND PERSEVERANCE OF EACH AND EVERY INDIVIDUAL IS TESTAMENT TO THE POWER AND POSSIBILITY OF RECOVERY.”

—OASAS COMMISSIONER KAREN M. CARPENTER-PALUMBO

# NEW YORK STATE RECOVERY MONTH SEPTEMBER 2009

## PATHWAYS TO RECOVERY FORUM REGISTRATION FORM

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Work Affiliation (if applicable) \_\_\_\_\_

Job Title (if applicable) \_\_\_\_\_

Street Address \_\_\_\_\_ Suite, Floor,  
Apartment \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Are you a person in recovery? Yes \_\_\_\_\_ No \_\_\_\_\_

What was/is your pathway to recovery? (Please check all that apply)

- Treatment     Criminal Justice     Medication-Assisted     Natural/Self
- Faith-Based     Harm Reduction     Mutual Assistance     Family/Friends
- Other (specify) \_\_\_\_\_

Are you related to a person in recovery? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you be interested in volunteering to be part of our Statewide Outreach Committee to alert people in recovery about upcoming events? Yes \_\_\_\_\_ No \_\_\_\_\_

How did you learn about this forum? \_\_\_\_\_

Please identify any special needs \_\_\_\_\_

Check here if you DO NOT want to be added to the e-recovery list to receive updates on recovery-related events from OASAS.

**Fax:** 646-728-4687

**Mail:** NYS OASAS, Recovery Services Bureau, 501 7th Avenue, New York, NY 10018-5903

