# MHA Wellness Recovery Action Plan Workshop Application

Hello and welcome to MHA's online WRAP Workshop application. Please note, CHROME is the required web browser in order to complete this form. Mobile (phone, iPad, tablets) application WILL NOT submit.

**Today's Date***

**Name***

FIRST*

MIDDLE

LAST*

**Email***

**Address*** ❓ You must fill out Address Line 1, City, State, County, and Zip Code.

ADDRESS*

ADDRESS LINE 1*

ADDRESS LINE 2

CITY*

STATE*

COUNTY*

ZIP CODE*

ZIP*

EXT

Follow Up Phone Number*

**NUMBER***                                    **EXT.**

Date of Birth*

Primary Language

Gender*

Race*

Ethnicity*

Veteran Status*

How did you hear about MHA?*

Employment Status*

- ◯ Currently Employed
- ◯ Not Currently Employed

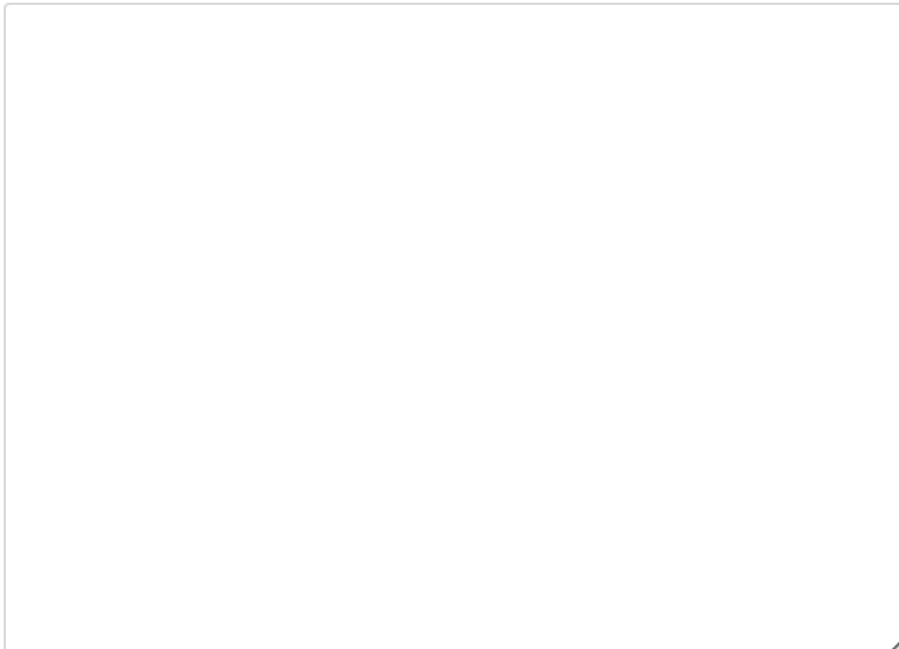Are you interested in employment support and/or services?*

- ◯ Yes
- ◯ No

*Required

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.

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)*
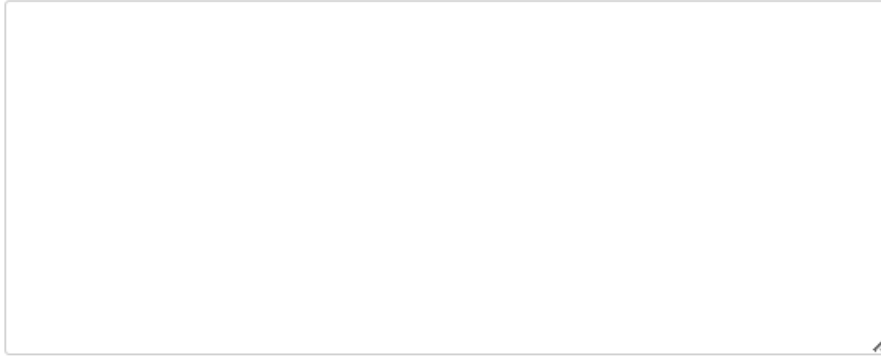
Why do you want to attend WRAP training?*

Have you had any personal experience with WRAP?*

○ Yes

○ No

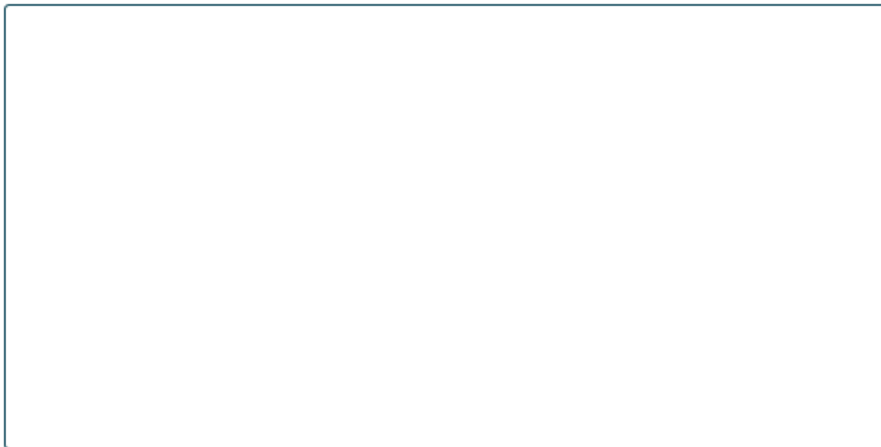If so, what experience have you had? If not, what do you know about WRAP?*

[text area]

I acknowledge and confirm attendance to this (2) day training.*

**NAME**\*

[text field]

**SIGNATURE**\*

[signature box]