# CRS Fee Application

Date of Request: _____

## Personal Information

Full Name :

Birth of Date :

Full Address :

Gender :

Race :

Phone Number :

Email :

Reference :

Reference :

(Please Provide two character references including: Name, Relationship, Phone Number and E-mail)

## Requirements

Interviewed with CRS (Date and name of CRS) ☐

_____

Completion of CRS Training (Completion date and Training Organization) ☐

_____

18 months of sobriety and intent to work in Franklin or Fulton County ☐

I attest that I have a substance use disorder and have been living a wellness and recovery oriented lifestyle for 18 months or greater. I intend to utilize my CRS Certification through employment within the Franklin or Fulton County geographical boundaries ☐

Signature_____ Date_____

## Certification

CRS ☐ CFRS ☐

**Signature**_____ **Date**_____

**ROSC Specialist Signature**_____ Date_____

**TMCA Approval Signature**_____ Date_____

*Submit completed applications to TMCA@franklincountypa.gov*