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Full Name of Adult of Minor Subject

DHHS/SAMHSA may use my information, story (submitted in text or video) and photo (check one):

- My full name and story/photo/video*: ___________
- My first name only and story/photo/video*: ___________
- I prefer that my name not be used and that a pseudonym be used instead with story/photo/video*: ___________

*videos submitted must be 508 compliant or have a text equivalent word document included for posting

Signature of Adult ____________________________ Date __________

Signature of Parent of Guardian of Minor Subject ____________________________ Date __________

Address

Phone Number ____________________________

Witness ____________________________ Date __________

Project Description: National Recovery Month (Recovery Month) is a national observance held every September to educate Americans that substance use treatment and mental health services can enable those with a mental and/or substance use disorder to live a healthy and rewarding life. The observance reinforces the positive message that behavioral health is essential to overall health, prevention works, treatment is effective, and people can and do recover. Visit www.recoverymonth.gov for more information.

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