

Recovery Residences 101

Forms Template





YOUR Recovery Residences

www.yourwebsite.com

(000) 123-4567 office

Pre-Entry Screen

Staff Member: _____ Date of Screen: _____

Name: _____ Age: _____ Gender: M F T

Referral Source: _____ Entry Date: _____

Co-occurring Diagnosis _____

Prior Treatment(s): _____

Recovery Residence History _____

Drug(s) of Choice: _____ Any IV Opiate Use: Y N _____

Recovery Time: _____

Medications: _____

History of Self-Harm: _____

Recent Suicidal ideation Homicidal ideation: _____

Relationship Status: _____ Children: _____ Sexual Orientation: _____

Work Experience/Plan: _____

Parent/Family Support: _____ Location: _____

TB Test Y N (Must bring or have copy of results) Fees Discussed: Y N \$ _____/mo.

Ever been arrested, convicted, or questioned for any violent or sexual crimes: Y N

Any outstanding warrants: Y N _____

Legal Issues: _____

Are you legally mandated to be here? Y N Legal Charge? _____

Vehicle: Y N Valid License: Y N Drug Screens Discussed: Y N

Location Preference: _____ Interview D/T/C: _____

PLEASE WRITE ANY ADDITIONAL NOTES ON THE BACK OF THIS FORM.

FOR OFFICE USE ONLY

Resident ID: _____

Move-in Date: ___/___/___

RESIDENT ENTRY INFORMATION

Please answer the following questions below.

1. What is your gender?

- Male
- Female
- Transgender

2. How old are you?

____ (age)

3. Are you Hispanic or Latino?

- Yes
- No

4. What is your race (*chose one; if multiple, chose "Other" and describe*)?

- White/Caucasian
- Black/African American
- Asian (includes Native Hawaiian or other Pacific Islander)
- Native American (includes Alaska Native)
- Other: _____

5. Who suggested that you come here (*chose one option that best applies*)?

- Family/Friend
- Employer/Coworker
- Treatment or human services professional
- Representative of the courts/judicial system
- No one
- Other: _____

6. How long have you been drug and alcohol free?

- Less than a month → How many days? ____
- One to three months
- Four to six months
- Seven months to a year
- More than one year

7. In the past 30 days, where have you been living most of the time (*chose one option that best applies*)?

- My own home/apartment
- Someone else's home/apartment
- In a medical, treatment, or other residential recovery setting
- In jail, prison, or another correctional setting
- In a shelter or another temporary housing facility
- Outdoors or on the streets
- Other: _____

8. What is the *highest* level of education you have finished, whether or not you received a degree?

- Elementary/Junior high/middle school/some high school: _____ (grade)
- High school graduate/GED
- Vocational degree
- Some college: _____ (number of years)
- College graduate: _____ (degree; e.g., AA, BA, MA, etc)

9. Are you currently enrolled in school or a job training program?

- Not enrolled
- Enrolled full-time
- Enrolled part-time
- Other: _____

10. Are you currently employed (*chose one option that best applies*)?

- Employed full-time (35+ hours per week)
- Employed part-time
- Unemployed and looking for work
- Unemployed and not looking for work (e.g., retired, disabled, enrolled in school, etc)
- Other: _____

11. Are you currently awaiting charges, trial, or sentencing?

- Yes
- No
- Don't know

12. Are you currently on parole or probation?

- Yes
- No
- Don't know

13. In the past 30 days, did you attend any self-help or recovery support groups?

- Yes → *If yes, how many?* ____ ____
- No

14. How would you rate your quality of life?

- Very poor
- Poor
- Neither poor nor good
- Good
- Very good

15. What would you like to accomplish during your stay here?



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Resident Entry Form

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Resident Information

Date of Entry _____

Resident Name (First) _____ (M) _____ (Last) _____

Address _____

City _____ State _____ Zip _____

Is your plan to return to this address following completion of your stay here? Y N

If you go on overnight passes while with us is this where you plan on staying? Y N

Home Phone _____ Cell Phone _____

Social Sec # _____ Email Address _____

Age _____ Date of Birth _____ Marital Status S M D W P Children Y N

Children (names/ages) _____

Spouses/Partner Name _____ Cell Phone _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Email _____

Emergency Contact Information Has release of information been signed? Y N

Contact Name: _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Legal Information

Are you legally mandated to us? Y N Legal Charge? _____

On Probation Y N On Parole Y N Outstanding Warrants? Y N

Have you ever been convicted of any violent or sexual crimes? Y N

Supervision Officer Name _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Has release of information been signed? Y N

Do you want us to report your progress to your probation officer? Y N



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Resident Entry Form

Demographic Information

Sex M F T

Race

- Caucasian
- African American
- Native America
- Asian-Pacific Islander
- Hispanic
- Other _____

Education (Check Highest Grade Completed)

- Less than HS
- HS/GED
- Some College
- 2 Year Degree
- 4 Year Degree
- Masters or PhD

Professional License (MD, DVM, etc.) _____

Profession/Employment _____

Household Income (Check One)

- Less than \$10,000
- \$10,000 – 25,000
- \$25,000 – 50,000
- \$50,000 – 75,000
- Over \$75,000

Religious Preference

- Protestant/Christian
- Catholic
- Jewish
- Other _____
- None

Military Service Y N Branch _____ Type of Discharge _____

Previous Diagnosis (Check all that Apply)

- Substance Abuse
- Eating Disorder
- Mood/Personality Disorder – Type _____

Addiction History

Current recovery date _____

Drug of Choice (Check all that apply and list specific form of substance)

- Alcohol Type _____
- Amphetamines Type _____
- Benzoids Type _____
- Cocaine Type _____
- Hallucinogen Type _____
- Marijuana Type _____
- Opiates Type _____
- Other Type _____

Have you ever relapsed? Y N No. of times _____ Age you began using? _____

Referral Information

Have you been in treatment? Y N How many times have you been to treatment _____

Last Treatment Center Name _____

Case Manager's Name _____ Has a release of information been signed Y N

Who referred you to us? _____

Please answer the following questions below.

1. Who suggested that you come here (*chose one option that best applies*)?

- Family/Friend
- Employer/Coworker
- Treatment or human services professional
- Representative of the courts/judicial system
- No one
- Other: _____

2. How long have you been drug and alcohol free?

- Less than a month → How many days? ____ ____
- One to three months
- Four to six months
- Seven months to a year
- More than one year

3. In the past 30 days, where have you been living most of the time (*chose one option that best applies*)?

- My own home/apartment
- Someone else's home/apartment
- In a medical, treatment, or other residential recovery setting
- In jail, prison, or another correctional setting
- In a shelter or another temporary housing facility
- Outdoors or on the streets
- Other: _____

4. Are you currently enrolled in school or a job training program?

- Not enrolled
- Enrolled full-time
- Enrolled part-time
- Other: _____

5. Are you currently employed (*chose one option that best applies*)?

- Employed full-time (35+ hours per week)
- Employed part-time
- Unemployed and looking for work
- Unemployed and not looking for work (e.g., retired, disabled, enrolled in school, etc)
- Other: _____

6. In the past 30 days, did you attend any self-help or recovery support groups?

- Yes → If yes, what type _____ how many? ____ ____
- No

7. How would you rate your quality of life?

- Very poor
- Poor
- Neither poor nor good
- Good
- Very good

8. What would you like to accomplish during your stay here?

9. What are your top 3 goals and why did you pick these?

9. What potential challenges do you see in improving your recovery?

10. What else would be helpful for us to know about you to best serve you?



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Each resident of **YOUR Recovery Residence** has rights that the facility staff will safeguard during your stay. You have a right to:

1. Humane care in an environment that supports your recovery.
2. Be free from verbal and physical abuse.
3. Be treated with dignity and respect.
4. Choose your recovery goals.
5. Participate actively in your recovery.
6. Expect required services to occur during scheduled times and at designated locations.
7. Expect reasonable continuity of care, which includes schedules of services and at what times staff and services are available.
8. Be given information regarding informed consent prior to the start of your stay.
9. Receive information regarding cost.
10. Be informed of the costs, potential benefits, and potential negative consequences of participating in this program.
11. Confidential records that are accessible only to designated staff and which can be released to others outside of **YOUR Recovery Residence** only with your written permission except as allowed by state and federal law.
12. Be referred to subsequent services upon leaving or transfer from this facility.
13. Retain personal property that does not jeopardize your or others' safety or health.
14. Receive and send unopened mail. I will always open received mail in the presence of a staff member when requested.
15. Be seen by a private physician with the understanding that all costs will be the responsibility of the resident.
16. File a complaint to the Director without fear of retaliation and to have the complaint investigated within a reasonable amount of time.
17. Be fully informed before changes occur in these rights and responsibilities as well as changes to **YOUR Recovery Residences'** policies, procedures, program components and schedule.
18. Know the qualifications of the staff involved in your care.
19. Refuse to stay and to be informed of the consequences of this action
20. Request referral resources in the event of my dismissal from Hope Homes..
21. Not to be required to perform services for Hope Homes, which are not included in the usual expectations of all residents

I have been informed at admission of my rights as listed above.

Print Name: _____

Signed: _____ Date: _____

Staff Signature _____ Date: _____



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Authorization for Release of Information

Name of Resident: _____

I hereby request and authorize:

YOUR RECOVERY RESIDENCE, ADDRESS, CITY, STATE ZIP

(000) 123-4567 office; (000) 123-4567 fax

To disclose or obtain information from:

Name of Person or Agency Holding Information

Address

The following type(s) of information from my records (and any specific portion thereof):

_____ History and Physical

_____ Alcohol and Drug Abuse Treatment Records

_____ Laboratory Reports

_____ Psychological Reports

_____ Other _____ for the purpose of _____

All information I hereby authorize to be obtain from this agency will be held strictly confidential and cannot be released by the recipient without my written consent. I understand that this authorization will remain in effect for:

_____ Ninety (90) days unless I specify an earlier expiration date here: _____

_____ One (1) year

_____ The period necessary to complete all transactions on account related to services provided to me.

I understand that unless otherwise limited by state or federal regulation, and except to the extent that action has been taken which was based on my consent, I may withdraw this consent at any time.

Date

Resident Signature

Witness/Title Signature

Parents/Authorization Representative Signature

Use This Space Only if Resident Withdraws Consent

Signature of Witness/Title

Signature of Resident



Confidentiality Agreement

The confidentiality of recovering persons living in a supportive living environment can be protected under Federal Law 42CFR, which protects residents from anyone outside of the program having knowledge of their participation in the program without the resident's specific permission. No information regarding a resident of YOUR RECOVERY RESIDENCE may be released to anyone outside of the program unless:

1. The resident has signed a consent form to that person/agency.
2. A court order is issued to YOUR RECOVERY RESIDENCE regarding information on the resident.
3. Medical personnel require the information in a medical emergency.
4. The resident threatens to harm him/herself or someone else.

Federal Law does not protect a resident if they commit a crime against anyone at YOUR RECOVERY RESIDENCE. Also, Federal Law does not restrict sharing of information regarding reported child abuse/neglect to appropriate state and local authorities.

These laws apply not only to the staff, board members, and volunteers of YOUR RECOVERY RESIDENCE, but to the residents as well.

I, _____ (resident name), agree to not reveal to anyone outside of the YOUR RECOVERY RESIDENCE program the name, identity, or description of another resident. I also agree to not discuss the content of conversations or groups with anyone outside of YOUR RECOVERY RESIDENCE. This includes sharing at 12 Step meetings.

I agree to inform staff if any of my peers reveal any information about themselves or another resident that may be a cause for concern.

Resident Signature

Date

Staff Signature

Date



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Staff Transport Release

I, _____, (resident name), understand that due to lack of my own personal transportation, I may request transportation from time to time from an employee of YOUR RECOVERY RESIDENCE.

I hereby indemnify MY RECOVERY RESIDENCE and their staff from all damage or injury caused to me or others when I willingly accept transportation to or from any location or event, whether MY RECOVERY RESIDENCE related or not.

Resident Signature _____ Date _____

Staff Signature _____ Date _____

YOUR RECOVERY RESIDENCE

Primary Program Financial Agreement

Resident: _____

Admission Date: _____ Soc Sec# _____

Residence Address: _____

- Extended Recovery Residence fees are \$ _____ /week or \$ _____ /month*. Fees include housing and utilities, all scheduled programming, and program administration. Additional charges for excessive or additional utility cost may apply and will be prorated among residents.
- I understand that there is a Security Deposit of \$ _____ and an Admission Fee of \$ _____.
I understand that the Admission Fee is non-refundable and that I can be refunded the Security Deposit if:
 1. I fulfill the six (6) month minimum commitment,
 2. with no major rule violations within 30 days prior to discharge,
 3. with 30 days notice prior to discharge,
 4. with no damage to property,
 5. and with no outstanding balance owed.
- I understand that I may pay fees on a weekly or a monthly basis. Fees are due on the 1st of each month if paying on a monthly basis. If paying on a weekly basis, I understand that I must stay **a week ahead**. Fees will be collected during the community meeting for that week.
- I understand that I may carry **no more than a 2 week balance** on my account.
- I understand that there is a **10% late fee** for fees not paid on time.
- I understand that if I wish to pay by credit card, I may do so through Paypal. There is a 3% Paypal service fee that should be added to the total each time I make a Paypal payment.

In acceptance of the FINANCIAL AGREEMENT with YOUR RECOVERY RESIDENCE. I agree that to qualify for Extended Recovery Residence I must adhere to the attached Rules and Regulations and make my scheduled payments when due. I further understand that failure to make payments when due may result in my discharge from Extended Recovery Residence. Any unpaid account balance at the time of discharge is subject to the cost of collections and lawyers fees if required.

PROMISE TO PAY ACCOUNT

For and in consideration of services to be rendered I severely promise to pay Your Recovery Residence. all its charges rendered to me from admission to discharge. I understand that the total of such charges are due and payable according to this FINANCIAL AGREEMENT.

Resident Signature: _____ Date: _____

Staff Signature: _____ Date: _____



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Release of Liability for Vivitrol

I, _____, (resident name), understand that YOUR RECOVERY RESIDENCE recommends my being on Vivitrol as a preventative measure. I understand that I am being granted a variance on standard YOUR RECOVERY RESIDENCE policy.

Therein, I release YOUR RECOVERY RESIDENCE from any liability should I have physical repercussions related to substance use.

Resident Signature _____ Date _____

Witness Signature _____ Date _____



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As a resident of the **YOUR Recovery Residences (YRR)** supportive living environment, I understand and agree to the following:

1. I will not possess any drugs, alcohol, or mood altering substances.
 - This includes 'non-alcoholic' beer or wine.
 - Staff must be notified in writing of any prescription medications. Mouthwash or medications with alcohol are not allowed. Only over-the-counter medication that is on the "Safe List" may be used.
 - Residents must store all medications in a lock-box and a spare key must be given to their Counselor. Sharing of medications with other residents is not allowed.
2. I will agree to take random drug/alcohol tests when requested by **YRR** staff. Refusal or failure to take the test immediately, or a positive test, will result in immediate dismissal from **YOUR Recovery Residences** with a recommendation for a higher level of care.
 - **Alcohol or drug use is grounds for immediate termination of the right to remain in the YOUR Recovery Residences program, at which time a recommendation for a higher level of care will be made.**
3. Energizing drinks such as Red Bull, or supplements which proclaim to boost energy or mood are not allowed in the residence or in any **YOUR Recovery Residences** groups or activities. Any supplements must be approved by **YOUR Recovery Residences** Staff in advance and documented.
4. No drug-related paraphernalia of any kind is allowed. This includes hookahs, rolling papers, etc.
5. If transitioning from a treatment facility, I agree to follow all of their aftercare recommendations including but not limited to aftercare group meetings, therapy, etc.
6. **YOUR Recovery Residences** Staff should be notified anytime there are concerns or questions about yourself, your roommates or the living environment. We are here to support you.
7. I agree that I will not participate in another community member's disease by keeping secrets about chemical use, rule violations, or destructive behaviors. I further agree to notify **YRR** Staff if I suspect any of the above. I understand that failure to do so may result in my discharge.
8. I agree to attend and be on time for all **YOUR Recovery Residences** meetings, including but not limited to Community Meeting, 1-1 meetings, Life Skills, Interviews, Big Book, Monthly Eating Meeting, Mom's Group, Young Adult Group, Eating Disorder Group, Job Skills and any group required by the **YRR** staff.
9. Cell phone use is prohibited during any **YOUR Recovery Residences** group, meeting, or activity. **YOUR Recovery Residences** Staff reserves the right to confiscate cell phones if they become detrimental to recovery progress.
10. I agree to attend one 12 step meeting daily for the first 90 days of my stay at **YOUR Recovery Residences** I agree to comply with the documentation of such. I understand

that after 90 days I may step down to 5 meetings/week, but that I am never to attend less than that during my stay at **YOUR Recovery Residences**.

11. I agree to see my treating physician or therapist at least twice monthly for the first 90 days of my stay at **YOUR Recovery Residences**.
12. I agree to have a “temporary sponsor” within 2 weeks of admission at **YOUR Recovery Residences** whose name should be given to **YRR** Staff Counselor. Residents are expected to have regular contact with a sponsor, including weekly meetings.
13. I will work, attend school, or do a combination of these things, which consist of a full day’s activities (40 hours/week). Recovery will be my #1 priority above all else (work, relationships, etc.).
 - Residents are encouraged to seek employment during normal, daytime hours (9-5).
 - Residents are expected to have employment or a full time work schedule (minimum 30 hours) within 30 days of admission to **YRR**.
14. Each **YRR** residence is expected to eat dinner together a minimum of once/week.
15. Residents are expected to be out of bed by 9 a.m. and out of the residence from 10 a.m. – 4 p.m. during the normal work week (Monday – Friday) unless otherwise cleared with Hope Homes Staff Counselor.
16. I agree to abide by curfew:
Sunday-Thursday 11:30 p.m. Friday and Saturday nights 12:30 a.m.

Young Adults curfew is YA Tier-dependent.

NOTE: Staff should be contacted immediately if a resident is late.

17. I understand that I am not allowed to acquire piercings or tattoos during my stay at **YOUR Recovery Residences**.
18. **YOUR Recovery Residences** has a strict gender restriction policy; residents are not allowed to interact with the opposite gender until they have been at **YRR** for 90 days. Residents may interact with the opposite gender only in groups following the 90-day anniversary at **YRR**.
19. I agree not to date for the first six months that I’m a member of the **YRR** recovery residence community.
20. If I am resident in a committed relationship prior to admittance at **YOUR Recovery Residences**, I understand that contact or visits with spouse or significant others must be approved by **YRR** Staff Counselors.
21. I understand that violence, or threats of violence, emotional or physical will not be tolerated and are grounds for immediate dismissal and possible legal action.
22. I will not bring weapons into the community - including stored in a vehicle.
23. **YOUR Recovery Residences** Staff reserves the right to search personal property at any time while I am a resident at **YOUR Recovery Residences**.
24. I understand that I am not to spend the night alone in the residence.
25. Members of the opposite sex are not allowed in the recovery residence, unless they are relatives. I will clear any visitors to the residence with my roommates. Overnight guests outside of the **YRR** community are not permitted.

26. I agree to let someone in my community and/or Staff know where I am at all times. Each residence has a dry erase board for residents to sign out/in and/or via telephone calls to **YRR** staff counselors.
27. I will, at all times, respect the other members of the house in regard to noise, eating, cleaning personal space, personal possessions and common living areas.
28. I understand that each residence is a working environment and that I will be expected to assist in the daily activities required to allow the home to run smoothly. This means that I will be responsible for helping with the chores and housekeeping duties. I will be expected to do my fair share. Each community is encouraged to devise a cleaning schedule/ division of labor in their community meetings.
29. I understand that my bedroom is to be clean and my bed made every day.
30. Trash is to be taken out every day.
31. I understand that residences are subject to inspections, and that failure to maintain a clean living environment may ultimately result in my dismissal.
32. No sleeping on the couches.
33. No storage space is available at **YOUR Recovery Residences** beyond what can fit in one's bedroom.
34. I will be fully dressed in the common areas at all times.
35. **YOUR Recovery Residences** is NOT responsible for losses or theft of personal property, including: money, jewelry, clothing, etc. **Stealing will result in immediate termination and possible legal action.**
36. **YOUR Recovery Residences** cannot be responsible for items remaining at the house after a resident has left the program for any reason. Every reasonable effort will be made to safeguard these items for a period of 48 hours, at which time they will be donated to the house or another charity.
37. At no time am I allowed in another resident's room, for any reason! All conversations, activities, visiting, etc. is to be done in the common areas. There are no exceptions. If I do not live in a particular room, I do not go there.
38. I agree not to lend money, cars, and/or jewelry to my peers. Sharing of personal computers must be approved by **YOUR Recovery Residences** Staff Counselors.
39. Residents are responsible for their own keys and gate cards/clickers. Please see Staff for replacement keys. Replacement of house or room keys will be \$5.00, cards/clickers will be charged per the price enforced by the apartment company (could be \$25 or more).
40. I understand that smoking is only allowed on the outside patio areas. Residents who smoke must keep the patio areas clean at all times. Smoking towers must be kept clean and emptied regularly.
41. No tobacco products may be used inside the apartments, including chewing tobacco, snuff, or electronic cigarettes.
42. Written pass requests must be submitted during community meeting times and must be approved in writing before a pass transpires.
43. I will not go into environments such as bars, lounges, etc.

44. I will not go into Adult Entertainment Establishments, which include but not limited to strip clubs, massage parlors, sex shops, etc.
45. Rock concerts are not allowed before six months sobriety date. **ALL concerts must be cleared with YRR Staff Counselors.**
46. I agree not to gamble in any form.
47. I understand that pornographic materials are not allowed in the residences this includes but is not limited to the Internet pornography sites, magazines, video materials, etc.
48. I understand that occult materials (to include Ouija boards, séances, tarot cards, etc.) are not allowed in the residences.
49. Use of the telephone for “sex” phone calls is forbidden.
50. Computers are allowed at **YOUR Recovery Residences**. I understand that I must conduct my activities appropriately and that **YRR Staff** can inspect my computer at any time.
 - Going to chat rooms is not allowed.
 - Viewing/downloading pornography is not allowed.
 - Illegal downloading from the Internet is prohibited.
51. No pets.
52. No halogen lamps, candles, or incense.
53. All laundry must be finished by 11:00 p.m.
54. When I move out of **YOUR Recovery Residences**, I will leave a clean space for the next person, i.e. vacuum, etc.

Understanding and Agreement

I have read and understand the guidelines and rules of YOUR Recovery Residences I agree to abide by them. I was given the opportunity to ask questions about any area unclear to me. I understand that this opportunity remains throughout my stay at the residence.

Resident Signature Date Staff Signature Date

Your required meetings are:

- Weekly Apartment Community Meeting
- Individual Sessions with YRR Counselor (1 on 1)
- Job Skills
- Life Skills
- Interviews and Big Book
- Monthly Eating Meeting
- Mom's Group
- Young Adult Group
- Eating Disorder Group
- Other Meetings _____

I agree to attend and be on time for the meetings checked above.

Resident Signature Date Staff Signature Date



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Behavioral Standards Understanding and Agreement

Understanding and Agreement

I have read and understand the guidelines and behavioral standards of YOUR RECOVERY RESIDENCE. I agree to abide by them. I was given the opportunity to ask questions about any area unclear to me. I understand that this opportunity remains throughout my stay at the residence.

Resident Signature _____ Date _____

Staff Signature _____ Date _____

Weekly Meetings

Your Required Meetings are:

- Weekly Community Meeting
- Interviews and Big Book
- Monthly Eating Meeting
- Other Meetings _____

I agree to attend and be on time for the meetings checked above.

Resident Signature _____ Date _____

Staff Signature _____ Date _____



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12 Step Meeting Sheet

Name: _____

Week of _____ to _____

MONDAY _____

TUESDAY _____

WEDNESDAY _____

THURSDAY _____

FRIDAY _____

SATURDAY _____

SUNDAY _____

Number of Meetings this Week: _____

Sponsor Contact: _____

Therapy Appointment(s): _____



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Recovery Plan

Today's Date: Client: Identifier:	Program Start Date: Anticipated Discharge Date: Last Review Date: Next Review Date:
-----------------------------------------	----------------------------------------------------------------------------------------------

PROBLEM AREA 1		(R) Resolved Date Or (P) In Progress
Goal:	Target Date:	
Objective (1):	Target Date:	
Intervention :	Frequency	
Objective (2):	Target Date:	
Intervention:	Frequency	
Objective (3):		
Intervention :	Frequency	
PROBLEM AREA 2		(R) Resolved Date Or (P) In Progress
Goal:	Target Date:	
Objective (1):	Target Date:	

Intervention :	Frequency	
Objective (2):	Target Date:	
Intervention:	Frequency	
Objective (3):		
Intervention :	Frequency	
PROBLEM AREA 3		(R) Resolved Date Or (P) In Progress
Goal:	Target Date:	
Objective (1):	Target Date:	
Intervention :	Frequency	
Objective (2):	Target Date:	
Intervention:	Frequency	
Objective (3):		
Intervention :	Frequency	

PRINTED RESIDENT NAME

SIGNATURE

DATE

PRINTED STAFF NAME, CREDENTIALS

SIGNATURE

DATE



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Monthly Goal Setting

Resident Name:

Date:

Primary Recovery Goal:

Steps toward Achieving this Goal:

- 1.
- 2.
- 3.

Help needed in achieving this goal:

- 1.
- 2.
- 3.

Last month's goal achieved?

Additional Staff Recommendations:

Resident Signature

Staff Signature



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Community Check In Form

Resident Name _____ Week of _____

1. I am currently feeling? (Use a descriptive word – good, fine, ok not allowed as they are not feeling words) _____

2. The peak of my week has been _____

3. The pit of my week has been _____

4. I have been to _____ Meetings this week. One thing I learned from a meeting this week was _____

5. I have talked to my sponsor _____ Times this week and met with him face to face on _____
we are currently on step _____.

6. In addition to 12 step meetings I have attended _____ support/aftercare on _____

I also met with my therapist/coach on _____.

7. My goal for this week is _____

8. I would like to request support with _____

from _____

I need to bring up _____

9. The community issues that I need to talk about are _____

10. I would like to give props to _____ for _____



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Resident Overnight Leave Request

Resident _____ Dates to be away _____

Staying overnight at/with _____

Goals for leave

How I will be supporting my recovery while away. (Please be specific. Include descriptions of meetings, support people, sponsor and peer contact, accountability plan, etc.)

Resident Signature

Date Submitted

Review Date

Approved

Declined

Staff Commentary:

Staff signature

Date



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Chore Sheet

Weekly Chores

Resident Responsible

Common Areas:

- Dust living/ dining room
- Vacuum
- Clean out ashtrays
- Empty trash on porch

Kitchen/ Laundry Room:

- Clean countertops, sink & stove areas
- Clean out microwave
- Wipe off washer & dryer
- Sweep/ mop kitchen, laundry, and foyer floors

Bathrooms:

- Clean bathtub/ shower, toilet & sink
- Windex mirrors
- Sweep/ mop floor

#1 _____

#2 _____

Help keep your apartment looking good!!!

- Take the garbage **all the way** to the dumpster when needed (a pain, we know!)
- When your food is old or expires, please throw it away (we need all the room we can get in the fridge and freezer!!!)



Critical Incident Form

Staff on Duty Name/Title/position _____

Resident(s) involved

Incident

Date _____
Time _____
Location _____

Description of incident

Resident explanation

Witnesses

Action to be taken

- Verbal warning
- Written warning
- Discharge
- Other

Explain _____

By signing this document, you acknowledge that you have read and understood the information contained herein

Resident Signature/Date

Staff Signature/Date



YOUR Recovery Residences

www.yourwebsite.com

(000) 123-4567 office

Exit Form

RESIDENT: _____ DATE: _____

LENGTH OF PARTICIPATION: _____ DAY / WEEKS / MONTHS

DATE STARTED: _____ DATE COMPLETED: _____

PARTICIPATION: NONE LOW MODERATE HIGH

REASON FOR TRANSITION:

TRANSITIONED AS PLANNED

AGAINST STAFF ADVICE

STANDARD/RULE VIOLATION

EARLY TRANSITION

INCARCERATION

OTHER: _____

SUMMARY OF PROGRESS:

RESIDENT STATEMENT ABOUT PARTICIPATION IN RECOVERY RESIDENCE PROGRAM:

ONGOING RECOVERY PLAN:

COLLATERAL RESOURCE CONTACT INFORMATION:

FORWARDING PHYSICAL AND EMAIL ADDRESS:

STAFF SIGNATURE: _____

RESIDENT SIGNATURE: _____