

## **Recovery Maintenance Check-In**

Date:

Contact: ☐ Successful ☐ Unsuccessful

Type: ☐ Email ☐ Phone ☐ In-Person

Collateral Contact Attempted? ☐ Yes ☐ No

If Successful: Status and impressions, follow up, recommendations in box below.


Last Name:

First Name:

Age:

Gender:

Date of last contact:

Date of current contact:

Name of Interviewer:

Phone number of contact:

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### **Subject: Housing**

**1. Current Address:**

**Is this a good stable place for you to live? (Example: Couch surfing, living with friends, anything that denotes unstable living conditions. A safe area means low drugs/crime).**

**2. Can we be of assistance to you with your housing?**

**3. Is this the best number to reach you at? Yes ☐ No ☐**

**a. If no please give a more desirable number:**

**Status and impressions, follow up, recommendations:**


1. How is your home family life? (example: marriage, kids)
2. Is your family or family members experiencing and issues that make things difficult for you? And/or problems with law enforcement?
3. Any health concerns or health issues with your family members that are of concern?
4. Can you turn to these people when things are difficult and you need people to talk to?
5. What assistance would be helpful with these issues?

Status and impressions, follow up, recommendations:


### **Subject: Physical Health & Mental Health**

1. How has your recent health been? (example: illnesses, injuries, recent contractions of disease)

2. Have you seen a medical professional since our last call? Yes ☐ No ☐  
If yes, for what problem?

3. Recently (past 30 days or since last contact), have you experienced:

- |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Depression<br><input type="checkbox"/> Anxiety<br><input type="checkbox"/> Visual Hallucinations<br><input type="checkbox"/> Auditory Hallucinations<br><input type="checkbox"/> Tactile Hallucinations | <input type="checkbox"/> Anger<br><input type="checkbox"/> Suicidal Ideation<br>Plans Yes <input type="checkbox"/> No <input type="checkbox"/><br><input type="checkbox"/> Homicidal Ideation<br>Plans Yes <input type="checkbox"/> No <input type="checkbox"/> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

4. Are you taking any prescribed medication? Yes ☐ No ☐

If yes, please list them:

5. Have you experienced any traumatic events (e.g. violence, injury, accidents) since our last contact? If yes, please describe:
6. Are there any resources you feel you need that we may be able to help you with?

Status and impressions, follow up, recommendations:


**Subject: Substance Abuse and Criminal Activity**

1. Have you had any incidents with law enforcement or the court system recently (past 30 days or last contact)? Yes ☐ No ☐
- a. If charged with a crime what were the charges?
2. Are you on any court supervision (Probation/Parole) Yes ☐ No ☐
3. Have you used any alcohol or drugs (include unprescribed medication) since our last contact (or past 30 days)?  
Yes ☐ No ☐

**IF YES:**

- a. What drug did you use?
- b. How much did you use?
- c. How many 12 step meetings do you attend per week?
- d. Are you in touch with your sponsor? Yes ☐ No ☐
- e. Do you seek outside counseling or therapy? Yes ☐ No ☐
4. Do you have family members/close friends who actively use? Yes ☐ No ☐
- a. If yes, do you seek support for yourself (Alanon, Therapy, Church)  
Yes ☐ No ☐
5. Do you feel at this time you have any gambling problems? Yes ☐ No ☐
- b. If yes, do you need support services that we may be able to help with?  
Yes ☐ No ☐

**Status and impressions, follow up, recommendations:**


**Subject: Financial and Occupational Stability:**

1. Are you able to support yourself financially? Yes ☐ No ☐
2. Has your financial situation changed since last contact? Please describe (new job, pay raise).
3. Do family members or close friends have financial issues that are causing you to feel stressed? Please describe.
4. Where would you like to be financially one year from now?
5. Can we be of any assistance in this area?

**Status and impressions, follow up, recommendations:**
