

Client Self Evaluation and Exit Plan

Am I ready to complete residential treatment?

Do I have a Sponsor? Yes ____ No _____. If Yes; how often do you meet?
_____. If No, describe Plan to develop
support. _____

Do I have a Home Group? Yes ____ No _____. If No, describe Plan to
develop support. _____

Your Plan for continued Physical and Mental Health services. _____

What are my legal concerns and how will I manage them. _____

Describe the relapse prevention plan I have. _____

Are my income needs going to be met? Yes ____ No _____. How? _____

Are my housing needs going to be met? Yes ____ No _____. How? _____

My social, spiritual and free time include? _____

Client File # _____ Name _____