

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 ? _____

_____.