Clear Form

RECOVERY SERVICES INDIVIDUALIZED RECOVERY PLAN

A recovery plan is to assist you, the client, in continuing your recovery and to help you understand that recovery is a long-term, lifestyle change. This recovery plan is to be reviewed and updated on an as needed basis.

Client Name: _____ **Client ID**: _____

PROPOSED INTERVENTION	FREQUENCY	DURATION
☐ Case Management (see options below)	_____ x/month	For: _____

Identity the services and/or skills that will be accomplished:

☐ Education ☐ Job Skills ☐ Life Skills ☐ Employment ☐ N/A

Identify which supports will be required to achieve the plan:

☐ Childcare ☐ Parent Education ☐ Child Development Support Services ☐ Family/Marriage Education ☐ N/A

Identify any other needs and/or assistance necessary to support the recovery plan:

☐ Housing ☐ Transportation ☐ Primary Care Physician ☐ Dental ☐ Other ☐ N/A

RECOVERY SERVICES INDIVIDUALIZED RECOVERY PLAN

Client Name: _____ **Client ID**: _____

PROPOSED INTERVENTION	FREQUENCY	DURATION

☐ **Individual Counseling Services** _____ **x/month** **For:** _____

☐ **Group Counseling Services** _____ **x/month** **For:** _____

RECOVERY PLAN SIGNATURES

Client was offered a copy of the plan: ☐ YES

☐ NO (if no, document why): _____

CLIENT SIGNATURE	DATE

If client refuses or is unavailable to sign the treatment plan, please explain:

COUNSELOR NAME	COUNSELOR SIGNATURE	DATE

LPHA/MD NAME	LPHA/MD SIGNATURE	DATE