



# YOUR Recovery Residences

www.yourwebsite.com

(000) 123-4567 office

## 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:**

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**Resident Signature**

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**Staff Signature**