



12 Step Meeting Sheet

Name: _____

Week of _____ to _____

MONDAY _____

TUESDAY _____

WEDNESDAY _____

THURSDAY _____

FRIDAY _____

SATURDAY _____

SUNDAY _____

Number of Meetings this Week: _____

Sponsor Contact: _____

Therapy Appointment(s): _____



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Chore Sheet

Weekly Chores

Resident Responsible

Common Areas:

- Dust living/ dining room
- Vacuum
- Clean out ashtrays
- Empty trash on porch

Kitchen/ Laundry Room:

- Clean countertops, sink & stove areas
- Clean out microwave
- Wipe off washer & dryer
- Sweep/ mop kitchen, laundry, and foyer floors

Bathrooms:

- Clean bathtub/ shower, toilet & sink
- Windex mirrors
- Sweep/ mop floor

#1 _____

#2 _____

Help keep your apartment looking good!!!

- Take the garbage **all the way** to the dumpster when needed (a pain, we know!)
- When your food is old or expires, please throw it away (we need all the room we can get in the fridge and freezer!!!)



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Exit Form

RESIDENT: _____ DATE: _____

LENGTH OF PARTICIPATION: _____ DAY / WEEKS / MONTHS

DATE STARTED: _____ DATE COMPLETED: _____

PARTICIPATION: NONE LOW MODERATE HIGH

REASON FOR TRANSITION:

- TRANSITIONED AS PLANNED
- STANDARD/RULE VIOLATION
- INCARCERATION

- AGAINST STAFF ADVICE
- EARLY TRANSITION
- OTHER: _____

SUMMARY OF PROGRESS:

RESIDENT STATEMENT ABOUT PARTICIPATION IN RECOVERY RESIDENCE PROGRAM:

ONGOING RECOVERY PLAN:

COLLATERAL RESOURCE CONTACT INFORMATION:

FORWARDING PHYSICAL AND EMAIL ADDRESS:

STAFF SIGNATURE: _____

RESIDENT SIGNATURE: _____

YOUR RECOVERY RESIDENCE
Medication Log

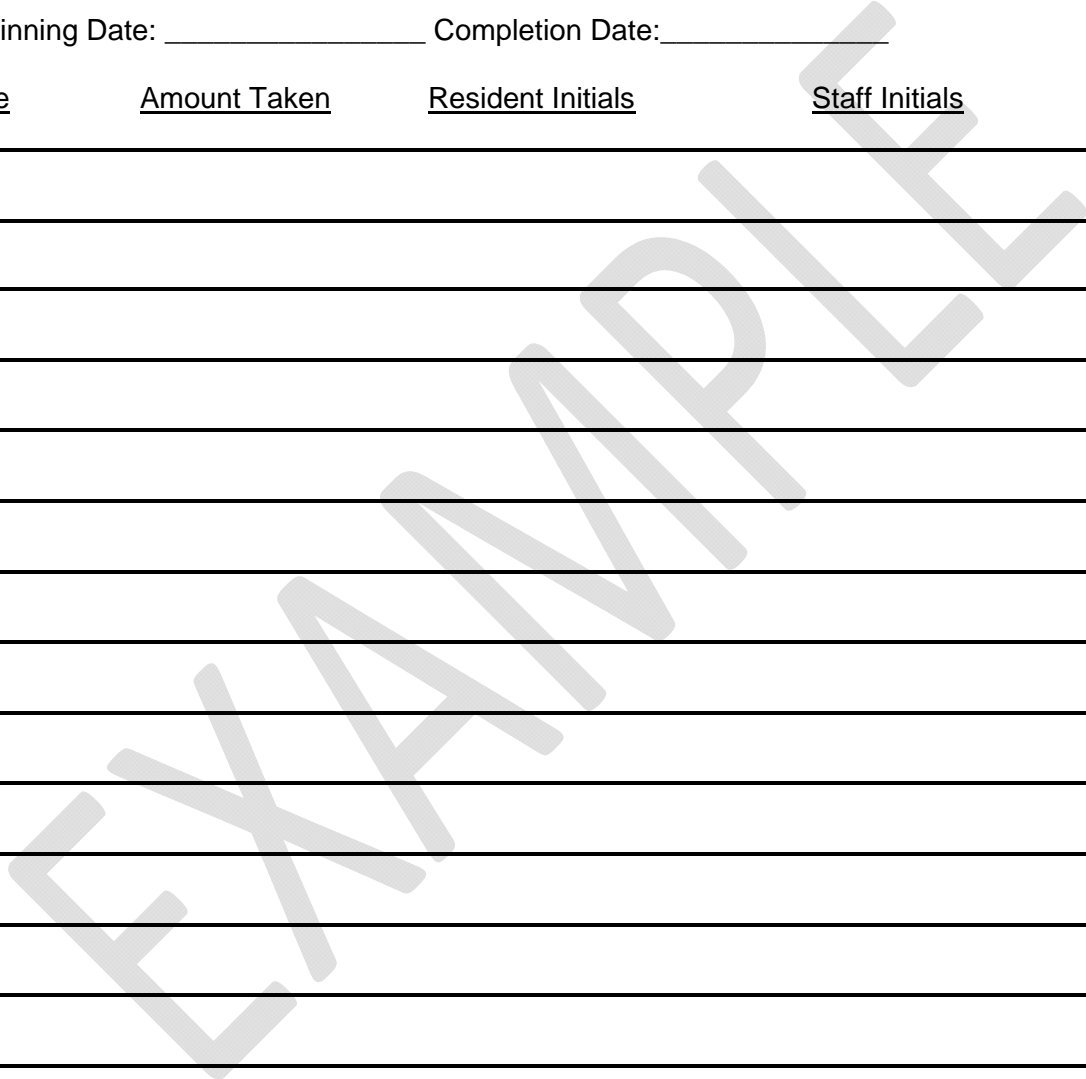
Resident: _____

Prescription (drug name): _____

Amount (tabs, etc.) in prescription bottle and size: _____

Beginning Date: _____ Completion Date: _____

<u>Date</u>	<u>Amount Taken</u>	<u>Resident Initials</u>	<u>Staff Initials</u>





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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:

Resident Signature

Staff Signature



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Resident Entry Form

Resident Information

Date of Entry _____

Resident Name (First) _____ (M) _____ (Last) _____

Address _____

City _____ State _____ Zip _____

Is your plan to return to this address following completion of your stay here? Y N

If you go on overnight passes while with us is this where you plan on staying? Y N

Home Phone _____ Cell Phone _____

Social Sec # _____ Email Address _____

Age _____ Date of Birth _____ Marital Status S M D W P Children Y N

Children (names/ages) _____

Spouses/Partner Name _____ Cell Phone _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Email _____

Emergency Contact Information Has release of information been signed? Y N

Contact Name: _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Legal Information

Are you legally mandated to us? Y N Legal Charge? _____

On Probation Y N On Parole Y N Outstanding Warrants? Y N

Have you ever been convicted of any violent or sexual crimes? Y N

Supervision Officer Name _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Has release of information been signed? Y N

Do you want us to report your progress to your probation officer? Y N



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Resident Entry Form

Demographic Information

Sex M F T

Race

- Caucasian
- African American
- Native America
- Asian-Pacific Islander
- Hispanic
- Other _____

Education (Check Highest Grade Completed)

- Less than HS
- HS/GED
- Some College
- 2 Year Degree
- 4 Year Degree
- Masters or PhD

Professional License (MD, DVM, etc.) _____

Profession/Employment _____

Household Income (Check One)

- Less than \$10,000
- \$10,000 – 25,000
- \$25,000 – 50,000
- \$50,000 – 75,000
- Over \$75,000

Religious Preference

- Protestant/Christian
- Catholic
- Jewish
- Other _____
- None

Military Service Y N Branch _____ Type of Discharge _____

Previous Diagnosis (Check all that Apply)

- Substance Abuse
- Eating Disorder
- Mood/Personality Disorder – Type _____

Addiction History

Current recovery date _____

Drug of Choice (Check all that apply and list specific form of substance)

- Alcohol Type _____
- Amphetamines Type _____
- Benzoids Type _____
- Cocaine Type _____
- Hallucinogen Type _____
- Marijuana Type _____
- Opiates Type _____
- Other Type _____

Have you ever relapsed? Y N No. of times _____ Age you began using? _____

Referral Information

Have you been in treatment? Y N How many times have you been to treatment _____

Last Treatment Center Name _____

Case Manager's Name _____ Has a release of information been signed Y N

Who referred you to us? _____

Please answer the following questions below.

1. Who suggested that you come here (*chose one option that best applies*)?

- Family/Friend
- Employer/Coworker
- Treatment or human services professional
- Representative of the courts/judicial system
- No one
- Other: _____

2. How long have you been drug and alcohol free?

- Less than a month → How many days? ____ ____
- One to three months
- Four to six months
- Seven months to a year
- More than one year

3. In the past 30 days, where have you been living most of the time (*chose one option that best applies*)?

- My own home/apartment
- Someone else's home/apartment
- In a medical, treatment, or other residential recovery setting
- In jail, prison, or another correctional setting
- In a shelter or another temporary housing facility
- Outdoors or on the streets
- Other: _____

4. Are you currently enrolled in school or a job training program?

- Not enrolled
- Enrolled full-time
- Enrolled part-time
- Other: _____

5. Are you currently employed (*chose one option that best applies*)?

- Employed full-time (35+ hours per week)
- Employed part-time
- Unemployed and looking for work
- Unemployed and not looking for work (e.g., retired, disabled, enrolled in school, etc)
- Other: _____

6. In the past 30 days, did you attend any self-help or recovery support groups?

- Yes → If yes, what type _____ how many? ____ ____
- No

7. How would you rate your quality of life?

- Very poor
- Poor
- Neither poor nor good
- Good
- Very good

8. What would you like to accomplish during your stay here?

9. What are your top 3 goals and why did you pick these?

9. What potential challenges do you see in improving your recovery?

10. What else would be helpful for us to know about you to best serve you?



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Each resident of **YOUR Recovery Residence** has rights that the facility staff will safeguard during your stay. You have a right to:

1. Humane care in an environment that supports your recovery.
2. Be free from verbal and physical abuse.
3. Be treated with dignity and respect.
4. Choose your recovery goals.
5. Participate actively in your recovery.
6. Expect required services to occur during scheduled times and at designated locations.
7. Expect reasonable continuity of care, which includes schedules of services and at what times staff and services are available.
8. Be given information regarding informed consent prior to the start of your stay.
9. Receive information regarding cost.
10. Be informed of the costs, potential benefits, and potential negative consequences of participating in this program.
11. Confidential records that are accessible only to designated staff and which can be released to others outside of **YOUR Recovery Residence** only with your written permission except as allowed by state and federal law.
12. Be referred to subsequent services upon leaving or transfer from this facility.
13. Retain personal property that does not jeopardize your or others' safety or health.
14. Receive and send unopened mail. I will always open received mail in the presence of a staff member when requested.
15. Be seen by a private physician with the understanding that all costs will be the responsibility of the resident.
16. File a complaint to the Director without fear of retaliation and to have the complaint investigated within a reasonable amount of time.
17. Be fully informed before changes occur in these rights and responsibilities as well as changes to **YOUR Recovery Residences'** policies, procedures, program components and schedule.
18. Know the qualifications of the staff involved in your care.
19. Refuse to stay and to be informed of the consequences of this action
20. Request referral resources in the event of my dismissal from Hope Homes..
21. Not to be required to perform services for Hope Homes, which are not included in the usual expectations of all residents

I have been informed at admission of my rights as listed above.

Print Name: _____

Signed: _____ Date: _____

Staff Signature _____ Date: _____