



My Plan for Recovery

Name: _____ Date: _____

My Plans for Follow Up In Recovery: _____

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If enrolled in an Aftercare Program, my plans for attendance: _____

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I do ___ do not ___ have a sponsor at this time. If you do not, how soon can you obtain a sponsor? _____

I plan to attend _____ AA/NA meetings per week?

I am using _____ book for my Daily Meditation?

I understand that if I drink or use in or out of this house, I will be expelled immediately.

Signature: _____ Date: _____

House Officer: _____ Date: _____

House Officer: _____ Date: _____