

Client Name: _____ Client ID#: _____

CLIENT DISCHARGE PLAN

Please answer the following questions regarding your ongoing recovery plans after you are discharged. Describe your plan including who, what, where, and when. Be as precise as you can in the spaces provided.

Planned Discharge Date: _____ **Date Discharge Planning Began:** _____

Recovery and Support Plan

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| Describe your discharge plan |
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| Describe your support system (People who you can call who you trust and speak with honestly) |
| |
| Do you have a sponsor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain how you work together and what step you are working. If no, what are your plans about obtaining a sponsor? |
| |
| What support meetings will you attend? How often will you attend, and how will you get there? Include specific meetings (i.e. 12-step, home group, faith based etc.) |
| |

Description of Relapse Triggers

| | |
|----|----|
| a. | d. |
| b. | e. |
| c. | f. |

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How do you plan on avoiding a relapse with these identified triggers?

| | |
|----|----|
| a. | d. |
| b. | e. |
| c. | f. |

Physical and Mental Health

How will you support your physical health?
(Specify arrangements made with your doctors and include how you will stay healthy with exercise, diet, etc.)

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Where will you continue aftercare, counseling, mental health services?
(Include name of program, type of counseling or therapy, counselor or therapist name, days & times you will attend)

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Housing

Where will you be living and who will you live with? Is this a safe, comfortable, clean and sober environment?

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Financial/Employment/Education

What will you do for financial support? (Employment, job searching, or other methods of supporting yourself)

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What will you do to continue your education or improve your job skills? (Vocational training, school, etc.)

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Legal

How will you address any legal issues or concerns (probation, parole, CWS, etc.)?

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Client was given a copy of the discharge plan

| Client's Printed Name | Client's Signature | Date |
|--------------------------|-----------------------|------|
| | | |
| Counselor's Printed Name | Counselor's Signature | Date |
| | | |