

Client Discharge Plan

Client Name: _____

Planned Discharge Date: _____

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.

Recovery and Support Plan

Describe your discharge plan: _____

Describe your support system: (People I can call who I trust and speak with honestly) _____

Do you have a sponsor? Yes 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? Include specific meetings (i.e. 12-step, home group, faith based etc.). How often will you attend, and how will you get there?

Relapse Triggers

a. _____

b. _____

c. _____

d. _____

e. _____

How to Avoid a Relapse with these Identified Triggers?

a. _____

b. _____

c. _____

d. _____

e. _____

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.)

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

Housing

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

Financial/Employment/Education

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

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

Legal

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

Client was given a copy of this Client Discharge Plan

Client's Name: _____

Client's Signature: _____

Date: _____

Counselor's Name: _____

Counselor's Signature: _____

Date: _____