

HEALTH CARE FOR THE HOMELESS

AFTERCARE PLAN

Now that I have completed treatment at Health Care for the Homeless, I know that in order to maintain my sobriety and improve my recovery, I have to continue to maintain a recovery plan.

My recovery plan is as follows:

1. I will attend _____ NA/AA meetings per week.
2. I will maintain contact with my sponsor _____ times per week.
3. I will attend the _____ weekly and have chosen that meeting to be my Home Group.
4. I will _____
5. I will _____
6. I will _____
7. I will _____
8. I will _____
9. I will _____
10. I will _____

I understand that I am encouraged to call my counselor at Health Care for the Homeless (410-837-5533) or stop in for addiction walk-in services if I have any trouble with my plan as listed above or with maintaining my recovery.

Client Signature

Date

Counselor Signature

Date

| | | | | | |
|-------------------|--|--------|--|-------|--|
| CLIENT LAST NAME: | | FIRST: | | HCH#: | |
|-------------------|--|--------|--|-------|--|