**Consumer Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ID#:** \_\_\_\_\_\_

**DWIHN SUD Recovery Plan /Planning For MY Future**

Date of Plan \_\_\_\_\_\_\_\_\_\_ Expected Date of Completion \_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Next Review\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Outcomes:** *Areas of my life and functions of my life that have been restored during my time in treatment and recovery.* |  |  |
|  |  |

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| **The areas of life I need to give attention to are:** | **Problem** | **Goal** | **Objectives:** The steps I plan to take to achieve my goal are: | The progress I have made on my goals since last review |
| Mental Health Care/ Emotional Wellness |  |  |  |  |
| Physical & Nutritional Wellness |  |  |  |  |
| Housing/ Environmental Wellness |  |  |  |  |
| Legal |  |  |  |  |
| Education & Employment |  |  |  |  |
| Spiritual & Family Support |  |  |  |  |
| Leisure activities |  |  |  |  |

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| --- | --- |
| **What are your priorities and what do you want to accomplish within the next 90 days?** | A.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  B.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  C. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- | --- |
| **People I can depend on to help me are:** | A.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  B.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Things I need to do in order to sustain my recovery are:** | A.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  B.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  C.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **I** **will know my plan is working for me when:** |  |

I have prepared my plan with my peer coach/mentor and I agree with the content above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consumer Signature Date Staff Signature Date**